L'05000036904

(Requestor's Name)					
(Ad	dress)				
(Ac	ldress)				
(Cit	y/State/Zip/Phone	<i>⇒</i> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
	F11: Off:				
Special Instructions to	Filing Officer:				
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M10/0405

O5 SEP 26 PM 1: 35 SECRETARY OF STATE



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

,	Ž	Allogions	na Tucaanu Managa	mont IIC	
1. The name of the limited	d liability company is:	Allegiand	e ruscany Manage	ment, LLC	
2. The mailing address of	tice limited liability cor	mpany is:	8140 Walnut Hill La	ane, Suite 620,	
Dallas, TX 75231					<u>-</u>
04/15/05			L05000036904	- 66	
3. Date of filing/registration in Florida			4. Document numb	er	
5. The name of the registe Florida Department of S			address as shown on	the records of th	e
	Name 4309 Pablo Oaks Court, Suite Five				
	Jacksonville, FL 32	Address 224 State and Z	ip	LAHASSE CARE TAKE	SEP 26 F
6. The name and address of	of the new registered ag	ent and/or	office:	in C	主
	Douglas R. Maxwell	I			PH 1: 36
	10739 Deerwood Pa	Name ark Blvd., S	Suite 200A	e P	ň O'
•	Florida street address	(P.O. Box	NOT acceptable)		
	Jacksonville	FL 3225	66	_	
	City, St	tate and Zip	>	·	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement o	ange or changes are mathe registered agent will eby confirmed that the I liability company or a f the limited liability co	ade, the Flo il be identic change(s) v s otherwise ompany.	orida street address of	the registered of	fice
	zed representative of a memoer	1)			
Charles D. Ames (Printed or typed name of signee)		т		- ·	
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)		gent and ag to the proj s of my poss lied to mere y company	ree to act in this capa per and complete perf ition as registered ag ely reflect a change in has been notified in w	city. I further as formance of my & ent as provided f the registered o vriting of this cho	ree to luties, office inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00