Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

SUMMERGLEN REALTY, LLC

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8/21/2007

08/21/2007 07:29

∠UG-21-07 08:22AM FROM- T-169 P.002/002 F-256

STATEMENT OF CHANGE OF REGISTERED BOTH FOR LIMITED LIABILITY CUMPART

Alleen S. Davis

Pursuant to the provisions of sections liability company submits the following agent, or both, in the State of Florida.	508.416 or 608.508, Florida statement in order to change	Statutes, the undersigned limited its registered office or registered
ugests, or pour, in the orace of a tortuin	•	

	•
1. The name of the limited liability company is: St	mmergion Reality, LLC
2. The mailing address of the limited liability comp	any is: 146 Horizon Court, Lakeland, FL 33813
05/02/2005	L05000043012
3. Date of filing/registration in Florida	4. Document number

The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

-	Name
	401 E. Jackson Street, Suite 1700
	Address
	Tampa, FL 33602
	City, State and Zip
6. The name and address	of the new registered agent and/or office:
	American Information Services, Inc.
	Name
18 (10 mm) (10 mm) (10 mm)	401 E. Jackson Street, Suite 1700
	Florida street address (P.O. Box NOT acceptable)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

City, State and Zip

(Signature of a member or authorized representative of a member)

Arthur H. Erickson, Managing Member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

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