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SECRETARY OF STATE

AND

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Bradenton Commons, L (Name of L | LC imited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| Alyssa M. Sells, Esquire (Name of Person) | |
| Edwards & Sells, P.A. (Firm/Company) | |
| 1515 Ringling Blvd., Suite 840 (Address) | |
| Sarasota, Florida 34236 (City/State and Zip Code) | |
| For further information concerning this matter | er, please call: |
| Alyssa M. Sells, Esquire (Name of Person) | at (941) 363-0110 (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | ng amount: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

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.

| agent, or both, in the State of Flo | orida. | erea office or registerea | |
|---|---|--|--|
| 1. The name of the limited liabi | lity company is: Bradenton Commons, LLC | · | |
| 2. The mailing address of the lin | nited liability company is: 1767 Lakewood R | anch Blvd, #292 | |
| Bradenton, Florida 34211 | | | |
| May 9, 2005 | L05000045688 | | |
| 3. Date of filing/registration in 1 | , | ber | |
| 5. The name of the registered ag Florida Department of State: | ent and the registered office address as shown o | n the records of the | |
| <u>Alys</u> | sa M. Sells, Esquire | | |
| 1900 | Name | | |
| 1800 Second Street, Suite 720 Address | | | |
| Sara | sota, Florida 34236 | | |
| | City, State and Zip | ma i | |
| 6. The name and address of the new registered agent and/or office: | | 05 NOV | |
| Alys | sa M. Sells, Esquire | FILED FILED OV 23 PM 4: 3 AHASSEE, FLORIN | |
| 1515 | Name Dingling Blud Suite 940 | ASSEE ASSEE | |
| | Ringling Blvd., Suite 840 da street address (P.O. Box NOT acceptable) | | |
| 1.1011 | and sincer address (1.0. Box 1101 acceptable) | LOHID STATE 1: 3: | |
| Sara | sota FL 34236 | <u>\$</u> # 37 | |
| | City, State and Zip | | |
| confirmed that after the change of and the business office of the re- | esentative of a member) | of the registered office of a Florida limited | |

(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 608, Fis. Or, if this document is being filed to merely reflect a change in the registered office adgress, 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