L05000052882

Henderson & Maxwell (Requestor's Name)	<u>P</u> A
10739 Deenwood Park (Address)	Bli
Suite 2001A (Address)	
TOX, F) 399F10 (City/State/Zip/Phone #)	
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(Business Entity Name)	_
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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.

0.1 ()	4 4	Allegiance	Florida Developm	ent LLC	
1. The name of the limited	I liability company is:	7 the grantee	Tionaa Bevelopiii	0.11, 220	
2. The mailing address of	the limited liability cor	npany is: $\frac{8}{}$	140 Walnut Hill La	ine, Suite 62	0
Dallas, TX 75231					<u> </u>
05/27/05			L05000052882	· <u>· · · · · · · · · · · · · · · · · · </u>	·
3. Date of filing/registrati	on in Florida	4	. Document number	er	
5. The name of the registe Florida Department of S		<u></u>	ldress as shown on t	he records of	the
	4309 Pablo Oaks Co	Name ourt, Suite F	ïve		
	Jacksonville, FL 32	Address 224 State and Zip		05 SEP	
6. The name and address of	of the new registered ag	ent and/or off	fice:	26 ASSI	
	Douglas R. Maxwell				
	10739 Deerwood Pa	^{lame} ark Blvd., Su	ite 200A	1:29 STANE L'ONNE	U
	Florida street address	(P.O. Box N	OT acceptable)	> B	
	Jacksonville	FL 32256			
	City, St	ate and Zip	· · · · · · · · · · · · · · · · · · ·	-	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the operating ag	ange or changes are mathe registered agent will eby confirmed that the Lliability company or a fithe limited liability co	ide, the Florid I be identical change(s) was s otherwise p mpany.	da street address of to Or, in the case of a s/were authorized by	the registered a Florida limit v an affirmativ	office ted ve vote of
Charles D. Ames					
(Printed or typed name of signee)				•	, È
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered ag ; of all statutes relative I accept the obligations his document is being fi that the limited liability	ent and agrec to the proper of my positic led to merely company ha	e to act in this capac cand complete perfo on as registered age reflect a change in s been notified in w	city. I further ormance of my nt as provided the registered riting of this c	agree to duties, I for in l office hange.

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

INHS18(10/99)

FILING FEE: \$25.00