2007 LIMITED LIABILITY COMPANY

FILED Apr 06, 2007 8:00 am Secretary of State

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DOCUMENT # L05000063983 1. Entity Name LENOX POINTE, LLC					04-06-2007 90226 008 ****50.00					
Principal Place	e of Business	Mailing Address			7	- 0 6	'~U0∠			
9309-1A OLD KINGS ROAD S. Jacksonville, Fl. 32257		9309-1A OLD KINGS ROAD S. Jacksonville, FL 32257		4						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #, etc.		03292007	Chg-LLC	CR2E08:	3 (12/06)			
City & State		City & State		4. FEI Numbe 20-3079				plied For t Applicable		
Zip	Country	Zip	Countr	У	5. Certificate	of Status Desire		5.00 Add ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered Ag	jent		
	DEGIGTEDED A GENT GEG			Name (GLOVIZ Mancharo					
INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200					(P.O. Box Numbe					
	VILLE, FL 32202			930	9 OLd	Kings	Rd S	. #1	1-A	
				City Tack	snovilla	V	FL	Zip Code	57	
	named shiftly submits this statement for ions of registered agent.	or the purpose of changing its	s registered	d office or regist	ered agent, or bot	h, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or orinted name of registered agent	and title if applicable. (NOT	TF, Registered	Agent signature requir	ed when reinstating)		4/02 DATE	107		
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State						
									2	
Di		ERS/MANAGERS	10.			Flor			1	
9.	ue by May 1, 2007		10.			Flor	ida Departme		2 Addition	
Di	ue by May 1, 2007 MANAGING MEMBI	ERS/MANAGERS				Flor	ida Departme	nt of State		
9. THILE	MANAGING MEMBI	☐ Delete	TITLE NAME	T ADDRESS		Flor	ida Departme	nt of State		
9. THILE NAME	MANAGING MEMBI MPST EDOMNDS, DANA	☐ Delete	TITLE NAME	T ADDRESS		Flor	ida Departme	nt of State		
9. HILE NAME SIREEI ADDRESS	MANAGING MEMBI MPST EDOMNDS, DANA 9309-1A OLD KINGS ROAD SO	☐ Delete	TITLE NAME STREE	T ADDRESS		Flor	ida Departmei NS/CHANGES	nt of State		
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