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(Req	juestor's Name)			
(Add	Iress)			
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(City	/State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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B. KOHR

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EXAMINER

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ACCOUNT 1	NO. :	07210000	0032	
REFERE	NCE :	513067	4323387	
AUTHORIZAT	ION :	Louell	Rena	200
COST LI	MIT :	\$ 25 00	- mas	三
ORDER DATE : MAY 30, 2008				AY30 AH 8: 1
ORDER TIME : 8:00 AM				ELS S
ORDER NO. : 513067-075				RIDA
CUSTOMER NO: 4323387				;
CHANGE (NAME: ARUNDEL LA			·	
NAME: ARONDEL LI	AND DEC			
PLEASE RETURN THE FOLLOWING	G AS PF	ROOF OF FI	LING:	
CERTIFIED COPY XX PLAIN STAMPED COPY		٠		
CONTACT PERSON: Kathy Dra	ke E	EXT# 2959		
		EXAMINER	:	

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.

1. The name of the limited liability compan	y is: ARUNDEL LAND LLC			
2. The mailing address of the limited liabili	ty company is :			
1200 Urban Center Drive, Birmingha	m, AL 35242			
07/06/2005	L05000066713			
3. Date of filing/registration in Florida	4. Document number			
Florida Department of State:	registered office address as shown on the records of the ara C. Johnston, Esq.			
Baito	Name			
15	5 East 21st Street			
	Address			
	Address assonville, Fl 32206 City, State and Zip and Address agent and/or office: Lion Service Company Name			
City, State and Zip				
City, State and Zip 6. The name and address of the new registered agent and/or office:				
Corporation Service Company \mathbb{Z}_{∞}				
Name 1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee	FL 32301			
Či	ry, State and Zip			
confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed that	red under the laws of the State of Florida, it is hereby re made, the Florida street address of the registered office at will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote any or as otherwise provided in the articles of organization bility company.			
Maureen Cullen, Authorized Person (Printed or typed name of signee)				
31	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ing filed to merely reflect a change in the registered office bility company has been notified in writing of this change. ON Asst. V.P.			

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