L05000079599

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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EXAMINER



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DIVISION OF CORPORATIONS

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ON SERVICE COMPANY		
ACCOUNT NO. : 120000000195 REFERENCE : 077083 7861660 AUTHORIZATION : 7861660		
REFERENCE : 027083 7861660		
AUTHORIZATION: Spellice man		
COST LIMIT : \$ 25.00		
ORDER DATE : December 15, 2011		
ORDER TIME : 10:16 AM		
ORDER NO. : 027083-036		
CUSTOMER NO: 7861660		
CHANGE OF AGENT		
NAME. COLUMNIA MONGO TAG		
NAME: COURTNEY TRACE, LLC		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
TATTA DIRECTOR COLL		
CONTACT PERSON: Becky Peirce EXT# 2919		
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.

I. Name of the limited liability company: COURTNEY TRA	CE, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	CE, LLC 237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714 237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714
08/12/2005	L05000079599
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Corporation Company of Orlando
Registered Office Address:	300 South Orange Avenue Suite 1000 (DTO) Orlando, FL 32801
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW</u> Registered Agent:	V Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can neerby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Maure Cathey	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is
Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project familiar with and accept the obligations of my position at E.S. Or, if this document is being filed to merely reflect a clean firm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.

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

Sylvia Queppet, Asst. Vice President

(Signature of Registered Agent) Corporation Service Company