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EXAMINER



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TO ACKNOWLEDGE TO ACKNOWLEDGE RECEIVED
DEPARTMENT OF STATE
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SECRETARY OF STATE DIVISION OF COMPORATIONS



ON SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 027083 7861660	
AUTHORIZATION :	Sign
COST LIMIT : \$25.00	. Of
REFERENCE : 027083 7861660 AUTHORIZATION : COST LIMIT : \$25.00 ORDER DATE : December 15, 2011	12 70
ORDER TIME : 10:11 AM	0
ORDER NO. : 027083-022	
CUSTOMER NO: 7861660	
CHANGE OF AGENT	
NAME: COURTNEY ISLES, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY	
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.

· ·	
1. Name of the limited liability company: COURTNEY ISLE	ES, 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)	237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714 237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714
08/15/2005	L05000080050
3. Date of filing/registration in Florida	1. 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 NEW Registered Agent and/or NEW	V Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
<u>NEW</u> 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 hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Haure Cather	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 an affirmative vote of the members of the limited
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 ageomply with the provisions of all statutes relative to the project form familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a closurism that the limited liability company has been notified	ree to act in this capacity. I further agree to ber and complete performance of my duties, and I
By: Suring Queppet	in the registered office address, I hereby in writing of this change. ylvia Queppet, Asst. Vice President

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