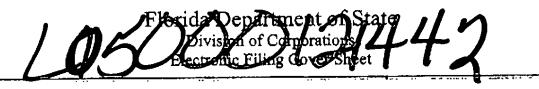
Division of Corporations



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Account Number : 119990000123 Phone : (727)397-5571 Fax Number : (727)393-5418

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## LLC REGISTERED AGENT CHANGE MADEIRA BAY SOUTH, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: MADEIRA BA	Y SO	UTH, LLC		
2. (a)	7009 Buffalo Drive	·	(b) 7009 Buffalo Drive		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LaVergne, TN 37086	_	LaVergn	e, TN 37086	
	December 21, 2005		L0500012	1442	
3.	Date of filing/registration in Florida Peter T. Hofstra	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 8640 Seminole Blvd.	the Flori	da Dept, of State	:	
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE.	5.5)		
٠.	Seminole , , , , , , , , , , , , , , , , ,	3377	2		
(b)	DeLoach, Hofstra & Cavonis, P.A.	4.			
	Enter name of NEW Registered Agent and/or NEW Registered	Office i	iddress:		
	8640 Seminole Blvd.			· 一	
	NEW Registered Office Address:				
	Seminole , FL	3377	2	5	
the chagent	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles to organization or the operating agreement of the	the reability of the limite	gistered ornice company, it is imited liability	hereby confirmed that the change(s) y company or as otherwise provided in	
Sign	angle of a member of authorized representative of a member	<u>~</u>		Printed or typed name of signes	
I here provide the old	eeby accept the appointment as registered agent and agentions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in whiting of this change.	ree to de perfored for it hereby	nct in this cap mance of my n Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signal	rure of Redistered Agent				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					

FILING FEE: \$25.00