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SECRETARY OF STATE

STATEMI NT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the parties of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company with 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 company is: FECR Land Holdings, LL	.c		•
2. The mailing address of the limited liability company is : 7411 Fullerto	on St., Suite 300		·
Jacksonville, Florida 32256			•
01/04/2006 L06000000)926		
3. Date of filing/registration in Florida 4. Documer	nt number		_
5. The name of the registered agent and the registered office address as sh Florida Department of State:	own on the records of	of the	
Heidi J. Eddins			
Name			
One Malaga Street		0	
Address	ASE	7	
St. Augustine, FL 32084	<u> </u>	7	
City, State and Zip	TANA ASA	ည	프
6. The name and address of the new registered agent and/or office:	SEE O	07 JAN 30 AM 10: 47	部四
Heidi J. Eddins	OF STA	<u> </u>	
Name 10151 Deerwood Park Blvd., Building 100,		1 5	
Florida street address (P.O. Box NOT accepta	ible)		
Jacksonville FL 32256			
City, State and Zip			
If the limited liability company is not organized under the laws of the Stat confirmed that after the change or changes are made, the Florida street add and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were auth of the members of the limited liability company or as otherwise provided or the operating agreement of the limited liability company.	dress of the registere c case of a Florida lim horized by an affirma	d office nited tive vot	e
(Signature of a member or authorized representative of a member)			
Heidi J. Eddins, Secretary			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligations of my position as registe Chapter 608, F.S. Or, if this document is being filed to merely reflect a chaddress, I hereby confirm that the limited liability company has been notif	his capacity. I furthe lete performance of n ered agent as provid hange in the register fied in writing of this	r agree ny dutie ed for in ed office change	to s, 1 2

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

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