106000000931

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	,
		22/
	Office Use Or	931
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SECRETARY OF STATE

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 co	ompany is: Flagler Commons, LLC
2. The mailing address of the limited	liability company is: 10151 Deerwood Park Blvd., Building 100,
Suite 350, Jacksonville, FL 32256	
01/04/2006	L0600000931
3. Date of filing/registration in Florid	a 4. Document number
5. The name of the registered agent ar Florida Department of State:	nd the registered office address as shown on the records of the
Heidi J. B	Eddins
	Name
One Mala	iga Street
	Address
St. Augus	tine, FL 32084 City, State and Zip
	•
6. The name and address of the new ro	egistered agent and/or office:
Heidi J. E	ddins
	Name PEC L
10151 Dec	erwood Park Blvd., Building 100, Suite 350
Florida str	reet address (P.O. Box NOT acceptable)
Jacksonvi	Name erwood Park Blvd., Building 100, Suite 350 reet address (P.O. Box NOT acceptable) Ile FL 32256 City, State and Zip organized under the laws of the State of Florida, it is herefore.
<u></u>	City, State and Zip
confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limit	inges are made, the Florida street address of the registered office ed agent will be identical. Or, in the case of a Florida limited ned that the change(s) was/were authorized by an affirmative vote y company or as otherwise provided in the articles of organization ted liability company.
(Signature of a member or authorized representati	ve of a member)
Heidi J. Eddins, Secretary	
(Printed or typed name of signee)	
	egistered agent and agree to act in this capacity. I further agree to uses relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in it is being filed to merely reflect a change in the registered office ited liability company has been notified in writing of this change.
(Signature of Registered Agent)	

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

INHS18 (8/05)