L06000009708

| (Re | equestor's Name) | | |
|---|----------------------|----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ry/State/Zip/Phone # | f) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates o | f Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | • | | |

Office Use Only

B. KOHR
DEC 27 2011
EXAMINER



700215474127

12/22/11--01036--002 **25.00

RECEIVED

11 DEC 22 PM 12: 31

OLINGIMENT OF STATE OF STA

DIVISION OF COMPORATIONS

11 DEC 22 AN 9: 01



CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8336804 SO

Customer Reference 1:

None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Picerne Lakeside Terrace, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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.

| agent, or both, in the state of Florida. | Z CL | |
|--|--|--|
| 1. Name of the limited liability company: PICERNE LAKES | IDE TERRACE, LLC | |
| 2. (a) Principal office address of limited liability company | : 247 NORTH WESTMONTE DRIVE | |
| (Note: MUST BE STREET ADDRESS) | ALTAMONTE SPRINGS FL 32714 | |
| (b) Mailing address of limited liability company: | 247 NORTH WESTMONTE DRIVE | |
| (Note: MAY BE POST OFFICE BOX) | ALTAMONTE SPRINGS FL 32714 | |
| 01/26/2006 | L06000009708 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: | |
| Registered Agent: | B&C Corporate Services of Central FL, Inc. | |
| Registered Office Address: | 390 N. ORANGE AVENUE | |
| | SUITE 1400 ORLANDO FL 32801 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | C T Corporation System | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1200 South Pine Island Road | |
| | Plantation ,FL 33324 | |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | orida street address of the registered office | |
| Kristin Bolden, Manager | | |
| 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 proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company | ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. | |

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

INHS18 (05/08)

Signature of Registered Agent