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SECRETARY OF STATE

M. THOMAS

MAY. 2 2 2009

EXAMINER

may 18,2009

COVER LETTER

Division of Corporations	
SUBJECT:LE	GEND FLORIDA, LLC
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernia	ng this matter to the following:
BLAINE C. DICKENSON, ES Name of Person	QUIRE
DICKENSON MURPHY REX AN Firm/Company	D SLOAN
980 NORTH FEDERAL HWY. S	-
BOCA RATON, FLORIDA, 3 City/State and Zip Code	atter, please call:
Cgs@dmrslaw.com E-mail address: (to be used for future annual report	rt notification)
For further information concerning this ma	atter, please call:
BLAINE C. DICKENSON	at (<u>561</u>)391-1900
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

Registration Section

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.

2. (a) Principal office address of limited liability company: 10 FAIRWAY DRIVE (Note: MUST BE STREET ADDRESS) SUITE 110	1. Name of the limited liability company:	LEGEND FLORIDA, LLC
(b) Mailing address of limited liability company: 1001 E. HECTOR STREET (Note: MAY BE POST OFFICE BOX) SUITE 120 CONSHOHOCKEN, PA 19428 02/28/2006 1. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address:	2. (a) Principal office address of limited liability compa	my: 10 FAIRWAY DRIVE
(Note: MAY BE POST OFFICE BOX) SUITE 120 CONSHOHOCKEN. PA 19428 1. Document number 1. Document number S. (a) Registered Agent and Registered Office shown on the records of the Florida Depth of State: Registered Agent: Registered Office Address: Registered Office Address: SUITE 2000 ORLANDO. FL 32801 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change of the registered agent will be identical. Or, in the case of a Florida limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of the imited properties of the proper and complete performance of my duties. Printed or typed name of signes I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the growth of all signature of the proper and complete performance of my duties. Printed or typed name of signes I hereby accept the appointment as registered agent and complete performance of my duties. I hereby accept the appointment as registered spect to the proper and complete performance of my duties. I hereby accept the appointment as registered performance of the proper and complete performance of my duties. I hereby accept the appointment as registered performance of the proper and complete performance of the proper and complete performance of the proper and complete performance of the proper	(Note: MUST BE STREET ADDRESS)	SUITE 110 DEERFIELD BEACH, FL 33441
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Suite and Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: 111 NORTH ORANGE Suite 2000 ORLANDO, FL 32801 ORLANDO, FL 32801 NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: ORANGE OF TOTAL HIGHWAY SUITE 410 BOCA RATON FL 33432 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of supposintment as registered agent and agree to act in this capacity. I further agree to comply with the propriate of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper and complete performance of my duties, and I am families of the proper a	02/28/2006	L06000021758
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the property of all standards requires to the proper and complete performance of my duties, and I am families with and accept the objections of my position as registered agent as provided for in Chapter of the proper and complete in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.	NEW Registered Agent:	BLAINE C. DICKENSON, ESQUIRE
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00