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EXAMINER



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ACCOUNT	NO.	:	120000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: May 23, 2011

ORDER TIME : 9:22 AM

ORDER NO. : 787391-092

CUSTOMER NO: 7394549

CHANGE OF AGENT

NAME: HUNTINGTON AT SUNDANCE LIMITED

PARTNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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 lightlity company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	* *****
1. Name of the limited liability company: HUNTINGTO	ON AT SUNDANCE LIMITED PARTNER LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	7.
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11200 Rockville Pike Suite 502 Rockville, MD 20852
04/07/2006	L06000036894
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company it is
Maureen Cathell, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Corporation Service Company (Signature of Registered Agent) Grace E. Kirby, Asst. VP	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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