L06000041834

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |





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2006 MAY -2 PM 2: 33
SECRETARY OF STATE
AND A HASSEE. I LONG





| ON SERVICE COMPANY | |
|---------------------------------------|---------------------------------------|
| ACCOUNT NO. | : 072100000032 |
| REFERENCE | : 068733 4335034 |
| AUTHORIZATION | : Spublena 30 3 1 |
| COST LIMIT | : 公5,000 |
| ORDER DATE : April 27, 2006 | PS SEE OF PA |
| ORDER TIME : 9:38 AM | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ORDER NO. : 068733-005 | |
| CUSTOMER NO: 4335034 | |
| | |
| CHANGE OF A | GENT |
| NAME: GULF COAST NA LLC | PLES RESERVE, |
| PLEASE RETURN THE FOLLOWING AS | PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY | |
| CONTACT PERSON: Heather Chapma | an EXT# 2908 |
| | 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 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 limite | d liability company | is: Gulf Coast N | laples Reserve, LLC | |
|---|---|---|---|---|
| 2. The mailing address of | | | | |
| | | | <u></u> | · |
| April 18, 2006 | | | L06000041834 | |
| 3. Date of filing/registrati | on in Florida | · | 4. Document nu | mber |
| 5. The name of the registe Florida Department of S | | gistered office | address as shown | on the records of the |
| | Aı | nthony H. Salce, J | r. | س |
| | | Name | - | 10 F 1 |
| | 5 | 15 Terracina Way | · | |
| | | Address | | 福子一 |
| Naples, Florida 34119 | | | | |
| | Cif | ty, State and Zi | p | |
| 6. The name and address o | of the new registered | l agent and/or o | office: | TALLAMASSEE, FLORID |
| | Corpora | ation Service Com | pany | 93 |
| | 12 | Name 201 Hays Street | | - Dr. |
| | Florida street addr | | NOT acceptable) | |
| | Tallahassee | FL | 32301 | |
| | City | , State and Zip | | |
| If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limor the operating agreement (Signature of a plember or author) | the registered agent reby confirmed that nited liability compart of the limited liability. | e made, the Flor will be identice the change(s) we my or as otherwality company. | rida street address al. Or, in the case vas/were authoriz | s of the registered office e of a Florida limited |
| Anthony H. Salce, Jr. | | - . | | |
| (Printed or typed name of signee) | | | | |
| I hereby accept the appoint the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm | ntment as registered s of all statutes relat d accept the obligati his document is bein that the limited/liab | d agent and agi tive to the prop ions of my posi in filed to mere ility company l | ee to act in this c er and complete p fion as registered ly reflect a chang ias been notified | apacity. I further agree to performance of my duties, agent as provided for in re in the registered office in writing of this change. |
| (Signature of Registered Agent) Michelle R. Vannoy | Asst. VP | ——·· | r 775-13-1 970 | Y 20214 |
| Divicio | n of Cornorations | P (1) BOY 6327 | i alianassee. E | 1. 52514 |

FILING FEE: \$25.00