

#106000062441

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000007536 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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11 JAN 10 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
EARS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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K. SALLY  
EXAMINER  
JAN 11 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attn: Legal Department

Name of Person

Edens & Avant

Firm/Company

1221 Main Street, Suite 1000

Address

Columbia, SC 29201

City/State and Zip Code

JMcClanahan@edensandavant.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaakie McClanahan

Name of Person

at ( 803 )

744-2455

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

PHS18 (5/08)

**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. Name of the limited liability company: BARSI, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

1221 MAIN STREET, SUITE 1000  
COLUMBIA SC 29201

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

1221 MAIN STREET, SUITE 1000  
COLUMBIA SC 29201

06/19/2006

3. Date of filing/registration in Florida

L06000062441

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Gary J Toblum

Registered Office Address:

101 E. KENNEDY BLVD, SUITE 2700  
TAMPA FL 33602 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(**MUST BE FLORIDA STREET ADDRESS**)

Plantation FL 33324

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.

See attached signature page

Signature of a member or authorized representative of a member

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: \_\_\_\_\_

Signature of Registered Agent

Ternell Kearney Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INWS18 (03/08)

FL005-11/16/2010 C T System Online

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11 JAN 10 AM 9:56  
TALLAHASSEE  
FLORIDA DEPT. OF STATE

**Signature Page for Statement of Change of Registered Office or Registered Agent or Both  
for Limited Liability Company**

**EARSII, LLC, a Florida limited liability company**

**By: Edens Realty Manager, LLC, a South Carolina  
limited liability company, its manager and  
authorized agent**

**By: Edens & Avant Investments Limited  
Partnership, a Delaware limited  
partnership, its sole member**

**By: Edens & Avant Administrative LLC,  
a Delaware limited liability company,  
its sole general partner**

**By:**

  
**Jodie W. McLean, President**