

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000076097

FILED
Nov 16, 2009
Secretary of State

Entity Name: 600 SOUTH PALAFOX OF PENSACOLA, LLC

Current Principal Place of Business:

600 SOUTH PALAFOX
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 13224
PENSACOLA, FL 32591 US

New Mailing Address:

POST OFFICE BOX 12204
PENSACOLA, FL 32590 US

FEI Number: 20-3050964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALKA, MATTHEW W
3847 DUNWOODY DRIVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

HOMYAK, JAMES D
600 SOUTH PALAFOX
PENSACOLA, FL 32502 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES D HOMYAK

11/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALKA, MATTHEW W
Address: 600 SOUTH PALAFOX
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM () Delete
Name: LAWSON, JULIE L
Address: 600 SOUTH PALAFOX
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATTHEW W BALKA

MGRM

11/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date