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Florida Department of State

Division of Corporations Public Access System

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(((H07000258551 3)))



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Division of Corporations

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From:

Account Name

: FOLEY & LARDNER

Account Number : 072720000061

Phone

: (904)359~2000

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REGISTERED AGENT CHANGE

ACQUILUS IV, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or liability company submits the following statement agent, or both, in the State of Florida.	r 608.508, Florida Statutes, the unde in order to change its registered office	rsigned lin e or regist	nited tered
1. The name of the limited liability company is: A	.cquilus IV, LLC		
2. The mailing address of the limited liability comp	pany is : PO Box 51584, Jacksonville Be	ach, FL 322	40
08/22/2006	L06000082864		<u> </u>
3. Date of filing/registration in Florida	4. Document number	_	
The name of the registered agent and the register Florida Department of State:	ed office address as shown on the reco	rds of the	
Foley & Lardner LLP			
	lame		
One Independent Drive,	dress		0
Jacksonville, FL 32202		07	SEVIDISE
City, State and Zip		8.	S C C
6. The name and address of the new registered agen	it and/or office:	07 001 22	OF CORPORATIONS
F&L Corp.		丑	¥;q
Na One ledge and a Division	- 	<u> </u>	85
One Independent Drive,		: బ్ల	10
rionda satest andress (r	P.O. Box NOT acceptable)	CT.	X S
Jacksonville F	7L 32202		
City, State	e and Zip		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited hability permany or the perating agreement of the limited hability confirmed.	e, the Florida street address of the regis be identical. Or, in the case of a Florid lange(s) was/ware authorized by an affi	stered office a limited	nte.
Systemire of a member or authorized representative of a member)	 ·		
Herbert L. Underwood, Jr., MGRM	•		
(Printed or typed name of signec)			
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, If this document is being file address. I hereby confirm that the limited liability of the confirmation of the	it and agree to act in this capacity. I full the proper and complete performance of my position as registered agent as produced to merely reflect a change in the region on pany has been notified in writing of	irther agree of my duti ovided for t stered offic this chang	e to es, in :e :e.
(Signature of Registered Agent) Charles V. Hedrick, Authorized Signatory Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (8/05)