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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 314 PV, 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:
Stefan R. Shubert (Name of Person)
Fisher, Tousey, Leas & Ball, P.A. (Firm/Company)
501 Riverside Avenue, Suite 600
(Address)
Jacksonville, Florida 32202 (City/State and Zip Code)
For further information concerning this matter, please call:
Stefan R. Shubertat (904) 356-2600
(Name of Person) (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 \$\sum \frac{1}{2}\$ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limited liability company is:	314 PV, LLC		·
2. The mailing address of the limited liability co	mpany is : 552 Ponte Vedra Blvd.		
Ponte Vedra Beach, Florida 32082			
09/06/2006	L06000087763		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered agent ag		of the	
Kloeppel, Marvin			
Ou a la demandema	Name		
One Independent			
	Address	0	N6
Jacksonville, Flori		7.5	S
City,	State and Zip		웃
6. The name and address of the new registered agent and/or office:		07 SEP 14	SE CASE
Fisher, Tousey, L	eas & Ball, P.A.	2	Y OF STATE
	Name		25. 25.
818 North A1A, Suite 104		1:38	
Florida street address	s (P.O. Box NOT acceptable)	သ	¥;
Ponte Vedra Beach	i, FL 32082		
City, S	tate and Zip		
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent with	lade, the Florida street address of the registered	d offic	ce

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.

(Signature of a member a authorized epresentative of a member)

MARVIN C. HLOEPILL , AUTHORIZED REPRESENTATIVE

(Printed or typed name of signee)

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.

BUNNY JUNE - PRESIDENT
(Signature of Registered Agent) BEVERLY H. FURTICK - PRESIDENT

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