## 106000093094

•
(Requestor's Name)
(Address)
(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:

Office Use Only



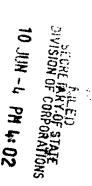
300181457783

10 JUN-4 ANIO: 30

B. KOHR

JUN-4 2010

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE : 405648 4324403

AUTHORIZATION ::

COST LIMIT

ORDER DATE: June 4, 2010

ORDER TIME : 8:44 AM

ORDER NO. : 405648-005

CUSTOMER NO: 4324403

## CHANGE OF AGENT

NAME: PARC PLACE DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

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. Name of the limited liability company: Pare 1	•
2. (a) Principal office address of limited liability compa	ny: 26 Harbor Park Drive
(Note: MUST BE STREET ADDRESS)	Port Washington, NY 11050
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	Part washington, NY 11050
September 21, 2006  3. Date of filing/registration in Florida	<u>L06000093094</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	Miami Conter Registered Agent LLC
Registered Office Address:	Suite 1200 Histori, FL 33.131
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	Corporation Service Company Site
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 3236
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization iny.
Bert E. Brid Sky Printed or typed name of signce	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office ny has been notified in writing of this change.
/s/ TROY TODD Signature of Registered Agent	

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