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EXAMINER



ACCOUNT NO. : 07210000032 REFERENCE: 505806 7573692 AUTHORIZATION : COST LIMIT ORDER DATE: March 28, 2008 ORDER TIME : 10:10 AM ORDER NO. : 505806-050 CUSTOMER NO: 7573692 CHANGE OF AGENT NAME: PARC OPERATIONS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY ____ PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Susie Knight -- EXT# 2956

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 limite	ed liability company i	s: PARC C	PERATIONS,	LLC	
2. The mailing address o					
Jacksonville, FL 322		1 3			
01/09/2007		L0700002158			
3. Date of filing/registrat	ion in Florida	4. Document number			
5. The name of the register Florida Department of		gistered office	address as show	n on the records of the	
	Rand	al H. Drew	, P.A.		
		Name			
910 Phillips Street					
Address					
Jacksonville, FL 32207 写意言					
	Cit	y, State and Z	.ιp	55 3	
6. The name and address	of the new registered	agent and/or	office:	2 10	
Corporation Service Company				PH 2: 58	
	Name 1201 Hays Street		DRID ORIO		
	Florida street addre	ess (P.O. Box	NOT acceptable) '77	
	Tallahassee	FL	32301		
	City,	, State and Zi	þ		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are the registered agent reby confirmed that t	made, the Flowill be identially he change(s)	orida street addres cal. Or, in the cas was/were authoriz	ss of the registered office	

(Signature of a member or authorized representative of a member)

KANDAL

(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.

(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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