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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORID



ACCOU	JNT NO.	: 0721000	000032				
REI	FERENCE	: 505806	7573692				
AUTHOR	ZATION	Louis					
cos	T LIMIT	: \$25.00	Kenan				
ORDER DATE : March 28,	2008			OR SE SE			
ORDER TIME : 10:10 AM				08 MAR			
ORDER NO. : 505806-05	55		•	17.75 17.75 17.75			
CUSTOMER NO: 757369	92			SK 2 1			
CHANGE OF AGENT							
NAME: PARC SPLASHTOWN, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Susie	Knight -	- EXT# 295	6				

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. The name of the limite	d liability company i	s: PARC S	PLASHTOWN,	LLC		
2. The mailing address of	the limited liability	company is:	7892 Baymeado	ows Way		
Jacksonville, FL 322						
02/20/2007		L07000019577				
3. Date of filing/registration	ion in Florida		4. Document number			
5. The name of the registe Florida Department of 9	State:			on the records of the		
	Kanu	al H. Drew,	, r.A.	-		
	910	Phillips Str	reet			
	Jackso	Address onville, FL y, State and Z	32207	FILED 08 MAR 31 PM 2: 59 SECRETARY OF STATE SECRETARY OF STATE		
6. The name and address of	•	• •	•	TARY HASS		
	Corporatio	n Service C	Company	T9 3 0		
	120	Name 1 Hays Stre	et	51M1 51M1 51,0R1		
	Florida street addre	ess (P.O. Box	NOT acceptable)	0F:		
	Tallahassee	FL	32301	***************************************		
	City,	, State and Zip	2			
If the limited liability com- confirmed that after the ch and the business office of liability company, it is her of the members of the lim- or the operating agreemen	nange or changes are the registered agent reby confirmed that that that diability compan	made, the Flowill be idention to the change(s) are or as other	orida street address cal. Or, in the case was/were authorize wise provided in th	of the registered office of a Florida limited ed by an affirmative vote		
(Signature of a member or authori	zed representative of a men	nber)				
RANGAL H. D. (Printed or typed name of signee)	rew					
I haraby accept the appoi	ntment as registered	agant and as	man to not in this a	angeity I further garage to		

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