## 07000019577

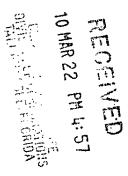
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B. KOHR MAR 23 2010

**EXAMINER** 

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PÄRK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** KATIE WONSCH DATE: 03/22/2010 **REF. #:** RA3638.121742 CORP. NAME: PARC SPLASHTOWN, LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( XX ) OTHER: CHANGE OF AGENT STATE FEES PREPAID WITH CHECK# 534192 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING

( XX ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

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

| Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.   | i08, Florida Statutes, the undersigned inhited<br>er to change its registered office or registered |  |  |
|---|--|--|--|
| Name of the limited liability company:P   | ARC SPLASHTOWN, LLC  |  |  |
| 2. (a) Principal office address of limited liability compan   | y: 7892 BAYMEADOWS WAY   |  |  |
| (Note: MUST BE STREET ADDRESS)  | JACKSONVILLE, FL 32256   |  |  |
| (b) Mailing address of limited liability company:   | 7892 BAYMEADOWS WAY  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | JACKSONVILLE, FL 32256   |  |  |
| 02/20/2007  | L07000019577   |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on  | the records of the Florida Dept. of State:   |  |  |
| Registered Agent:   | CORPORATION SERVICE COMPANY  |  |  |
| Registered Office Address:  | 1201 HAYS STREET   |  |  |
|   | TALLAHASSEE FL 32301-2525  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :   |  |  |  |
| NEW Registered Agent:   | CORPDIRECT AGENTS, INC.  |  |  |
| NEW Registered Office Address:  | 515 E. PARK AVENUE   |  |  |
| (MUST BE FLORIDA STREET ADDRESS)  | TALLAHASSEE ,FL32301   |  |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | florida street address of the registered office  |  |  |
| augustate of a memori of attribuixed representative of a memori.  |  |  |  |

Chief Administrative and Legal Officer

Gwen Hutcheson Griggs 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.

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

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