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MAR 3 1 2008

EXAMINER



ACCOUNT NO.	:	072100000032	
REFERENCE	:	505806	7573692

AUTHORIZATION :

COST LIMIT : 💃

08 MAR 31 PH 2: SECRETARY OF STALLAHASSEF, FI

ORDER DATE: March 28, 2008

ORDER TIME : 10:09 AM

ORDER NO. : 505806-045

CUSTOMER NO: 7573692

CHANGE OF AGENT

NAME: PARC FRONTIER CITY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 2956

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 is	E PARC FF	RONTIER CITY	Y, LLC	
2. The mailing address of	the limited liability c	company is:	7892 Baymeado	ows Way	
Jacksonville, FL 322					
02/20/2007			L0700001958	1	
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of S	State:			on the records of the	
	Kanua	l H. Drew,	r.A.	CAR	
910 Phillips Street					
Address					
Jacksonville, FL 32207 City, State and Zip					
7. TTV	_	,	•	95 58	
6. The name and address of	of the new registered a	agent and/or o	office:	<u>ā</u> m	
	Corporation	n Service Co	ompany	ŕ	
	1201	Name Hays Stree	et		
	Florida street addres	ss (P.O. Box 1	NOT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	the registered agent we by confirmed that the ited liability company to fitted liability company to fitted liability.	made, the Flor vill be identicate change(s) was otherway ty company.	rida street address	of the registered office	
(cognition of authority		00.7			
(Printed or typed name of signee)) rew				
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relatived d accept the obligation his document is being that the limited liabili	agent and agr ve to the prop ns of my posit filed to mere ity company h	ee to act in this ca er and complete p ion as registered a ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.	

Registered Ageht) Sylvia Queppet, Asst. VP

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