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EXAMINER



PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Susie Knight -- EXT# 2956

_ CERTIFIED COPY XX PLAIN STAMPED COPY

M BERTICE COMPANT					
	ACCOUNT NO.	:	0721000	00032	
	REFERENCE	:	505806	7573692	
	AUTHORIZATION	: ,	VX.	0.	
	COST LIMIT	: :	25.00	Cenan	ea
ORDER DATE :	March 28, 2008				TALLE OF THE PARTY
ORDER TIME :	10:08 AM				7000
ORDER NO. :	505806-040				TO SECOND
CUSTOMER NO:	7573692				02/2
	CHANGE OF A	GEN	 <u>IT</u>		
· NAME:	PARC ELITCH G	ARD	ENS, LLC		

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.

agent, or both, in the state	s of Fioriaa.					
1. The name of the limite	d liability company is	E PARC	ELITCH GARDE	NS, LLC		
2. The mailing address of	the limited liability c	company is	7892 Baymeado	ws Way		
Jacksonville, FL 322						
02/20/2007			L07000019583	3		
3. Date of filing/registration in Florida			4. Document nun	4. Document number		
5. The name of the registe Florida Department of S		istered offic	e address as shown o			
	Randa	ıl H. Drew	, P.A.	1.0 %		
		Name		Pro E M		
	910	Phillips S	treet			
	Inalysas	Address	22207	OSMAR 31 PH 2: 58 SECRETARY OF STATE TALLAMASSEE FLORI		
		ville, FL , State and		SX R		
	•	,	•	77 79		
6. The name and address of	of the new registered a	agent and/o	r office:	65 S		
	Corporation	n Service	Company	a de la companya de l		
	1201	Name Hays Str	eet	·		
•	Florida street addres	ss (P.O. Bo	NOT acceptable)			
	Tallahassee	FL	32301			
	City,	State and Z	ip			
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	lange or changes are rethe registered agent we by confirmed that the	made, the Fi vill be ident le change(s)	lorida street address ical. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote		
Dandal HL	<u>hen</u>		<u>-</u>			
(Signature of a member or authori	zed representative of a mem	ber)				
RANDAL H. Dre	<i>ω</i>					
(Printed or typed name of signee)	-		_			
I hereby accept the appoil comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered of all statutes relatively accept the obligation is document is being that the limited liabil.	agent and a ve to the pro ns of my po filed to me ity company	gree to act in this ca pper and complete pe sition as registered a rely reflect a change has been notified in	pacity. I further agree to orformance of my duties, gent as provided for in in the registered office writing of this change.		

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

Sylvia Queppet, Asst. VP