L07010023583

(Re	questor's Name)				
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	<u> </u>			
(Oit	y/State/Zip/Pilone	· #)			
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
(Do	cument Number)				
(50	ourner rumber,				
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SECRETARY OF SIAT

B. KOHR

MAR 3 1 2008

EXAMINER

CORPORATION SERVICE COMPANY

REFERENCE : 505806

AUTHORIZATION

COST LIMIT : (\$\25.00

ACCOUNT NO. : 072100000032

ORDER DATE : March 28, 2008

ORDER TIME : 10:07 AM

ORDER NO. : 505806-030

CUSTOMER NO: 7573692

CHANGE OF AGENT

NAME: PARC DARIEN LAKE II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING

CERTIFIED COPY
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.

· ·	J				
1. The name of the limit	ted liability company is	E PARC I	DARIEN LAKE II	, LLC	
2. The mailing address	of the limited liability of	company is:	7892 Baymeadov	vs Way	8 1
Jacksonville, FL 32				P. (Co The
03/02/2007			L07000023583		200
3. Date of filing/registration in Florida			4. Document num	oer	100 P
5. The name of the regis Florida Department of	f State:	istered offical Al H. Drew		1 the reco	rds of the P. S.
		Name	,		,
	910	Phillips St	reet		
	Iacksoi	Address nville, FL	32207		
		State and 2			
6. The name and address	of the new registered	agent and/or	office:		
	Corporation	n Service (Company		
	1201	Name Hays Stre	eet		
	Florida street addre	ss (P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zi	p		
If the limited liability co confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreement with the second of the library and the perating agreement with the perating agreement.	change or changes are in the registered agent when the registered agent when the that the confirmed that the	made, the Fl vill be identi ne change(s)	orida street address o cal. Or, in the case o was/were authorized	f the regis f a Florid by an aff	stered office a limited irmative vote
(Signature of a member or author	orized representative of a mem	ber)	-		
RANDAL H. Drew (Printed or typed name of signed	e)		-		
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address I hereby confir	ointment as registered ins of all statutes relation accept the obligation this document is being that the limited light	agent and ag ve to the pro ns of my pos filed to mer ity company	gree to act in this cap per and complete per ition as registered ac ely reflect a change i has been notified in	acity. I fi formance gent as pro n the regi	arther agree to of my duties, ovided for in istered office this change

gnature of Registered Agent' Sylvia Queppet, Asst. VP

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