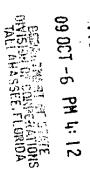
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DIVISION OF CORPORATIONS

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EXAMINER

ACCOUNT NO. : 12000000195 REFERENCE : 144776 7721224 AUTHORIZATION : COST LIMIT ORDER DATE: October 2, 2009 ORDER TIME : 3:17 PM ORDER NO. : 144776-021 CUSTOMER NO: 7721224 CHANGE OF AGENT NAME: WATERFRONT GROUP WETAPPO, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 2940 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. Name of the limited liability company: WATERF	RONT GROUP WETAPPO, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 7595 Baymeadows Way Suite 100 Jacksonville, FL 32256
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17505 West Catawba Ave Suite 350 Cornelius, NC 28031 L07000025352
03/05/2007	L07000025352 4. Document number
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	reet address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	,
William N. Adkins	

(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.

But

(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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