## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000167776 3)))



Note: DO NOT hit the REPRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: SHUPFIELD LOWMAN

Phone

Account Number : 120030000118

Fax Number

(407)581-9800 : (407)581-9801

## REGISTERED AGENT CHANGE

FC 28, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

JUL 10 2008

EXAMINER 8:52:31 AM

No. 0107 P. 2

(((H08000167776 3)))

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

rursulant to the provisions of sections 608.416 or liability company submits the following statement in agent, or both, in the State of Florida.	608.308. Florida Statutes, the undersigned limited a order to change lis registered office or registered
1. The name of the limited liability company is: FC:	28, LLC
2. The mailing address of the limited liability compa	ny is : 300 International Parkway, Suite 300
Healthrow, FL 32746	
03/15/2007	L07000031113
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	l office address as shown on the records of the
REBECCA H. FOREST	
Nat	····-
1000 LEGION PLACE, SI	······································
Add ORLANDO, FL 32801	ress
City, State	e and Zip
6. The name and address of the new registered agent	and/or office:
WILLIAM R. LOWMAN,	JR., ESQ.
Nam 1000 LEGION PLACE, SU	
Florida street address (P.	O. Box NOT acceptable)
ORLANDO FI	. 32801
City, State	
If the limited liability company is not organized undeconfirmed that after the change or changes are made, and the business office of the registered agent will be liability company it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability con	the Florida street address of the registered office
(Signature of a member or authorized representative of a member)	<del></del>
William R. Lowman, Jr.	
(Printed or typed name of signee)	•
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with oral accept the obligations of Chapter 688, F.S. Of this document is being filed address. I hereby confirm that the limited traditity co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
(Signature of Registered Agent)	deen m w b

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

INHS18 (8/DS)