Division of Corporations

Page 1 of 2

Division of Corporations Electronic Filing Cover Sheet

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S. YOUNG

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the minted hability company:	V PROPE		<u> </u>			
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADDR		_ (h)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1400 US HIGHWAY 1 SOUTH	,	1400 US HIGHWAY 1 SOUTH				<i>E</i>
	ST. AUGUSTINE, FL 32084		<u> </u>		SUSTINE, FL 3208		
	5/3/2007			L0700004	7565		
3. 5. (a)	Date of filing/registration in Plot PAUL W. HUND, III, M.D.	ida	4.		Document number	17 F	SECR
v. (u)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State			2:	FEB 15	ETARY
	Registered Office Address (MUST RE FLORI 1400 US HIGHWAY 1 SOUTH	DA STREET A	<u>DDRESS</u>	2		AM 8:	FF ST
	ST. AUGUSTINE	, FI.	32084			32	
(b)	ALAN S. GASSMAN, ESQ. Enter name of NEW Registered Agent and/or NF	No. 10	0.65 1				
	Enter name of MAN Registered Agent and/or NE	Registeren	Omçe an	<u>uress</u> ;			
	NEW Registered Office Address:	30					
	1245 COURT STREET, SUITE 10	ש <u>ל</u> 					
	CLEARWATER	, FL_	33756				
the cha agent was/w	limited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Floriere authorized by an affirmative vote of the cicles of organization or the operating agree	et address of a da limited lia e members of	the regis bility co f the lim limited l	stered office empany, it is ited liability iability com	and the business offices hereby confirmed the company or as other upany.	ce of the r at the char wise provi	egistered ige(s)
Signa	ature of a member or authorized representative of a r	<u> </u> jember	ALAN S. GASSMAN, AS AUTH. REP. Printed or typed name of signee				
I here provis the ob- to mer notifie	by accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered agencely reflect a change in the registered official in arting of this change.	gent and agre nd complete p it as providea è address, I h	ee to act perform I for in C tereby c	in this cape ance of my e Thapter 605 onfirm that t	acity. I further agree, duties, and I am famili , F.S. Or, if this docu the limited liability co	to comply iar with a ment is be mpany ha	with the ad accept ing filed s been
Cimph	ure of Registered Agent	1					