

SEP 24 2008 1:20 PM
Division of Corporations

PREMIER CORP SERVICE

NO. 8157 P. 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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2008 SEP 24 AM 8:40
STATE
SECRETARY OF
TALLAHASSEE

Account Name : PREMIER CORPORATE SERVICES INC
Account Number : I20080000023
Phone Number : (651) 225-9500
Fax Number : (651) 225-9579

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SALAMANDER INNISBROOK, LLC

Certificate of Status	0
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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 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. The name of the limited liability company is: Salamander Inksbrook, LLC
2. The mailing address of the limited liability company is: 3074 Zulla Road, The Plains, VA 20188

06/15/2007L07000063317

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ben Allen

Name

100 N. Tampa Street, Suite 2200

Address

Tampa, FL 33602

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

WestonFL 33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sheila C. Johnson

(Signature of a member or authorized representative of a member)

Sheila C. Johnson

(Printed or typed name of Signer)

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 appointment 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.

NRAI Services, Inc.

(Signature of Registered Agent)

Sue Johnson, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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