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Division of Corporations

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: (850)617-6380

Account Name

: BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155

Phone

: (813) 253-2020

Fax Number

: (813)251-6711

REGISTERED AGENT CHANGE

LMP AT ATLANTIC STATION, LLC

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D. BRUCE

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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.

l.	Nar	ne of the limited liability company: LMP at Atlar	ntic Station, LLC		
2,	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 11600 pr. Martin Luther King, Jr. Street N St. Petersburg, FL 83718		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11600 Dr. Martin Luther King, Jr. Street N St. Petersburg, FL 33716		
	/29/ Dat		<u>L07000109356</u> 4. Document number		
		Registered Agent and Registered Office shown on			
J .	(4)	Registered Agent:	David H. Redden	80	•
		Registered Office Address:	11207 Blue Heron Blvd, N St. Petersburg, Fl. 33716	OCT -	7
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	7 AM	ED
		NEW Registered Agent:	David H. Redden	<u>က</u>	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11600 Dr. Martin Luther King, Jr. Street N		
th of he li:	at ad Tice ereby abili mite	limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of disbility company.	laws of the State of Florida, it is hereby confirm at address of the registered office and the busing	:8 S	
(I	rinle	H. Redden, Authorized Representative	-		
I can F	hen omp m fa S. onfü	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pr miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a m that he smitted cability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, as as registered agent as provided for in Chapter change in the registered office address, I hereby in writing of this change.	md I 608, vy	
(Signe	nure of Registered Agent)	, (227 Tallahassaa FI 27214		
		Division of Cornerations & CL Med	Ch427. [3][[9][98800. N.L. 32314		

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

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