im.

LD.7000117305

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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DEFARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

DIVISION OF CORPORATION



CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax' www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

927 South Goldwyn Avenue, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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.

agent, or both, in the state of Frontau.			•
1. Name of the limited liability company: 927 SOUTH GOL	DWYN AVENUE,	LLC	-0,
2. (a) Principal office address of limited liability company	v. 247 N. WESTMONTE DRIVE		
• • •	ALTAMONTES	PRINGS FL 32714	Q W
(<u>Note: MUST BE STREET ADDRESS</u>)	TETAMONTE S		رجي
(b) Mailing address of limited liability company:	247 N. V	VESTMONTE DRIV	'E 3
(Note: MAY BE POST OFFICE BOX)	ALTAMONTE SPRINGS FL 32714 247 N. WESTMONTE DRIVE 247 N. WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714		
\	-		
11/21/2007	L07000117305		
3. Date of filing/registration in Florida	4. Document no	umber	
5. (a) Registered Agent and Registered Office shown on	he records of th	e Florida Dent. o	f State:
- · · · · ·	TERRY W. COSTOLO		
Registered Agent:			
Registered Office Address:	301 EAST PINE STREET, SUITE 1400		
	GRAYROBINSON,P.A. ANDO FL 32801		
NEW Registered Agent:	C T Corporation System		<u> </u>
NEW Registered Office Address:	1200 South Pine Island Road		
(MUST BE FLORIDA STREET ADDRESS)			
	Plantation	,F	L_33324
If the limited liability company is not organized under the leonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street addical. Or, in the constant was/were authorise provided in	ress of the registe case of a Florida lorized by an affirm the articles of or	red office imited native vote ganization
Signature of a member or authorized representative of a member	-		
Signature of a member or attiliorized representative of a member	-		
FWX + Bold			

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