107000122303

Holden Rappenecker and (Requestor's Name) Eubar 2712 N.W. 43rd Street	ek
2772 N.W. 43rd Stre	ct
(Address)	
(Address) Councs VIUR 71 3266 (City/State/Zip/Phone #) 743	_
(City/State/Zip/Phone #) 743	3
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(Business Entry Name)	
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SECRETARY OF STATE TAILAHASSEE, FLORIDA

STATEMENT OF GHANGE 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 limite	d liability company is:	PARRIS	H PROPERTIES II	OF GAINESVILLE, LL	<u>c</u> .
2. The mailing address of Gainesville, FL 3.	,	mpany is	: 3760 NW 83 St	reet,	_·
12/10/07			L070001223	03	
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		tered off	ce address as shown o	on the records of the	
	Susan D. Parri				
	014	Name			
	214 W. Univers		nue		
		Address			
	Gainesville, FI	State and			
6. The name and address	of the new registered ag	gent and/	or office:		
	Andrew Hodor				
	N	Vame			
	3760 NW 83 Sti			78 % 134 €	
	Florida street address	(P.O. B	ox NOT acceptable)	08 JAN SECRE TALLAH	
	Gainesville	FL	32606	ASSA - 8	
	City, S	tate and	Zip	- AH	ļ
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are mathematical transfer in the hange of the hange are made and the hange are made are made and the hange are made are made and the hange are made are made and the hange are made are made are made are made and the hange are made are made and the hange are made are made are made and the hange are made are made are made are made are made are made ar	ade, the l ll be ider	Florida street address stical. Or, in the case	lorida, it is bereby of the registered office of a Florida Minted	
(Signature of a member or pathor	zed representative of a member	r)	_		
JAMES M. PAREZISH,	1	-,			
(Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if a address, I hereby confirm (Signature of Registered Agent)	intment as registered ag is of all statutes relative d accept the obligation his document is being f hat the limited liability ANDREW HODOR	gent and to the p g of my p iled to m y compar	agree to act in this ca roper and complete po osition as registered o erely reflect a change ny has been notified in	pacity. I further agree terformance of my duties, gent as provided for in in the registered office writing of this change.	0

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

INHS18 (8/05)