L07000123657

Registered Agent Solutions
(Requestor's Name)
515 Congress the
(Address)
Address)
(Address) St. 2300 (Address) (Address) (Address) (Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
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05/04/10--01043--019 **325.00



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. Name of the limited liability company: SOUTHER	N PALMS ASSOCIATES PDC, LLC	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	8775 FOLSOM BLVD, SUITE 200 SACRAMENTO CA 95826	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above	
12/12/2007	L07000123655 5	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	PEEK, SCOTT	
Registered Office Address:	1705 N 16TH STREET TAMPA FL 33605 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	REGISTERED AGENT SOLUTIONS, INC.	
(MUST BE FLORIDA STREET ADDRESS)	SUITE A TALLAHASSEE "FL 32301	
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. Signature of a member or authorized representative of a member		
CARL A. PANATTONI	<u> </u>	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company. Signature of Registered Agent SEAN PREWITT, ASST. SECRETARY	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.	

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