## 10M00126804

| (Requestor's Name)                      |                    |           |  |
|---|--------------------|-----------|--|
|   |                    |           |  |
| (Address)                               |                    |           |  |
|   |                    | ·         |  |
| (Address)                               |                    |           |  |
| (· · <del>-</del>                       |                    |           |  |
| (0)                                     | (0) 1 (2)          | (0)       |  |
| (City/State/Zip/Phone #)                |                    |           |  |
| PICK-UP                                 | WAIT               | MAIL      |  |
|   |                    |           |  |
| (Bu                                     | siness Entity Nar  | ne)       |  |
| (50                                     | Siness Entity Ival | ne,       |  |
|   |                    |           |  |
| (Document Number)                       |                    |           |  |
|   |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
|   |                    |           |  |
| Special Instructions to                 | Filing Officer     | · 1       |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |

Office Use Only



100158940321

07/29/09--01020--013 \*\*25.00

FILED
2009 JUL 29 AM 10: 21
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

JUL 3 0 2009

**EXAMINER** 

## COVER LETTER

| TO:  | Registration Section Division of Corporations  |   |
|--|--|---|
| SUBJECT: Osceola Investment Management, LLC  Name of Limited Liability Company |  |   |
| Dear S   | Sir or Madam:  |   |
| The en   | nclosed Registered Agent/Registered  | Office Change and fee(s) are submitted for filing.  |
| Please   | e return all correspondence concerning   | g this matter to the following:   |
|  | Melissa Malloy   |   |
|  | Name of Person   | FECT SECTION  |
|  | National Real Estate Information Firm/Company  | Services AND 2  |
|  | 100 Beecham Drive  | STATE STATE   |
|  | Pittsburgh, PA 15205 City/State and Zip Code   |   |
| E  | melissa.malloy@nreis.coi   | m notification)   |
| For fu   | orther information concerning this ma  | tter, please call:  |
|  | Melissa Malloy Name of Person  | at ( 412 ) 808-1738  Area Code & Daytime Telephone Number   |
|  | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
|  | Enclosed is a check for the follow   | ing amount:   |
|  | \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |

## 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:Osce  | ola Investment Management, LLC  |
|--|---|
| 2. (a) Principal office address of limited liability compa   | any: 779 Osprey Point Circle  |
| (Note: MUST BE STREET ADDRESS)   | Boca Raton, FL 33431  |
| (b) Mailing address of limited liability company:  | 799 Osprey Point Circle   |
| (Note: MAY BE POST OFFICE BOX)   | Boca Raton, FL 33431  |
| 12/21/2007   | L07000126804  |
| 3. Date of filing/registration in Florida  | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown of   | on the records of the Florida Dept. of State:   |
| Registered Agent:  | Richard C. Hvizdak  |
| Registered Office Address:   | 880 Dover Street  Boca Raton, FL 33487  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:  | EW Registered Office address: CT Corporation System   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 1200 South Pine Island Rd  Plantation ,FL 33324   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member   | ne laws of the State of Florida, it is hereby<br>e Florida street address of the registered office<br>entical. Or, in the case of a Florida limited<br>e(s) was/were authorized by an affirmative vote<br>therwise provided in the articles of organization |
| Richard C. Hvizdak Printed or typed name of signee   | <u> </u>  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete the confirmation of Registered Agent | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.         |

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