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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002075023)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZART

Account Number : 076077001702 Phone : (407)841-1200 : (407) 423-1831 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jeff.wheelhouse@gmail.com

LLC REGISTERED AGENT CHANGE ED-209, LLC

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September 21, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ED-209, LLC 353 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952US

SUBJECT: ED-209, LLC REF: L08000074671



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: B10000207502 Letter Number: 010A00022347



P.O BOX 6327 - Tallahassec, Florida 32314

FL32803

(((H10000207502 3)))

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. ED-209, LLC 1. Name of the limited liability company:

• • • • • • • • • • • • • • • • • • • •		
2. (a) Principal office address of limited liability com	pany:	
(Note: MUST BE STREET ADDRESS)	800 N. Magnolia Ave., Suite 1500 Orlando, FL 32803	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	P. O. Box 403 Cocoa, FL 32923-0403	
08/04/2008	L0800007467	
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown	4. Document number	
Registered Agent:	Jeffrey D. Wheelhouse	
Registered Office Address:	353 Merritt Island Cswy.	
	Merritt Island, FL 32952	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
NEW Registered Agent:	Dean Mead Services, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 N. Magnolia Ave. Suite 1500	

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.

Örlando

Authorized representative of a member Signature of the Printed of typed name of signed

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hepopy confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Steven C. Lee, Vice President

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