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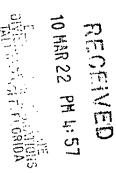
(Requestor's Name)		
(Address)		
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(Only) old (Only)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

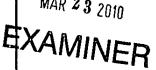
Office Use Only



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03/23/10--01004--001 **725.00







CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

KATIE WONSCH

DATE:

03/22/2010

REF. #:

RA3638.121742

CORP. NAME: PARC SOUTH HOUSTON, LLC

() ARTICLES OF INCORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION		
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY		
() REINSTATEMENT	() MERGER	() WITHDRAWAL		
() CERTIFICATE OF CANCELLATION				
(XX) OTHER: CHANGE OF AGENT				
STATE FEES PREPAID W	ITH CHECK# <u>534192</u> FOR \$ <u>2</u>	25.00		
STATE PERSTRETAID W	1111 CHECK!! <u>354172</u> 1 OK \$ 2	2000		
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:				
	COST LI	MIT: \$		
PLEASE RETURN:				
() CERTIFIED COPY () C	CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY		
() CERTIFICATE OF STATUS				
() CERTIFICATE OF STATES				



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.

·	Section 1995		
Name of the limited liability company:P	ARC SOUTH HOUSTON, LLC		
2. (a) Principal office address of limited liability comp	any: 7892 BAYMEADOWS WAYON		
(Note: MUST BE STREET ADDRESS)	JACKSONVILLE, FL 32256		
(b) Mailing address of limited liability company:	7892 BAYMEADOWS WAY		
(Note: MAY BE POST OFFICE BOX)	JACKSONVILLE, FL 32256		
10/27/2008	L08000100640		
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:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>CORPDIRECT AGENTS, INC.</u>			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 E. PARK AVENUE		
[MOO] DB 1 HOLDS 1 MADE 1 1 M D 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	TALLAHASSEE ,FL32301		
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 representation for a member	<u></u>		
-			
Gwen Hutcheson Griggs Chief Administrative and Legal Officer Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I um 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 comp	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