## LO8000117732

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	·····
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	·
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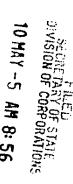
000179911830



B. KOHR

MAY \_ 6 2010

**EXAMINER** 





ION SERVICE COMPANY		
ACCOUNT	NO. : I2000000195	
REFERE	NCE : 373482 7379453	
AUTHORIZAT	ION Spellelenan :	<b>6</b> 電影
COST LI	/ R	支點
		4 +5 M 8:56
ORDER DATE : May 5, 2010		玉
ORDER TIME : 9:39 AM		بي
ORDER NO. : 373482-050		0,
CUSTOMER NO: 7379453		
CHANGE	OF AGENT	
NAME: SAVANNA C MANAGEMEN		
PLEASE RETURN THE FOLLOWIN	G AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Troy Todd	EXT# 2940	
	EXAMINER:	

## 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: <u>SA</u>	VANNA CENTRAL EAST MANAGEMENT, LLC
2. (a) Principal office address of limited liabil (Note: MUST BE STREET ADDRES	ey,
(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BOX	
12/30/2008	L08000117732
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:	MCGUIRE, TIMOTHY A
Registered Office Address:	2810 SOUTH FEDERDAL HIGHWAY FT. PIERCE FL 34982 US
(b) Enter name of <u>NEW Registered Agent</u> <u>NEW Registered Agent</u> :	and/or NEW Registered Office address:  Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
MUST BE FLORIDA STREET ADD	Tallahassee ,FL 32301
that after the change or changes are made, the F office of the registered agent will be identical. hereby confirmed that the change(s) was/were a liability company or as otherwise provided in the limited liability company  (Signature of a member of authorized representative of a mem	
(Printed by typed name of signee)  Thereby accept the appointment as registered	agent and agree to act in this capacity. I further agree to we to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, by reflect a change in the registered office address, I hereby the notified in writing of this change.

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