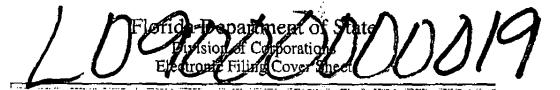
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Account Number : 120160000086

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

'n,

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Nai	me of the limited liability company: Hegency Cer	nters A	cq	uisition,	LLC
2. (8	1)	ONE INDEPENDENT DRIVE	(b)	ONE IN	NDEPENDENT DRIVE
(-	, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· • • •	-,		Malling address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		SUITE 114			SUITE	114
		JACKSONVILLE, FL 32202-5019	 		JACKS	ONVILLE, FL 32202-5019
		12/30/2008		L	.090000	00019
3.		Date of filing/registration in Florida	4.	-		Document number
5. (a)				•_	
		Registered Agent and Registered Office shown on the records of F&L CORP	the Floric	la C	Ompt of Stat	ic;
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>		_
		ONE INDEPENDENT DRIVE STE 1300				
		JACKSONVILLE	32202	2		- -
· (b	(را	United Agent Group Inc.				17.ALL
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			· 表面	
						SSECTION OF THE PROPERTY OF TH
		NEW Registered Office Address:				
		11380 Prosperity Farms Road #221E		_ :		
		Palm Beach Gardens FI	_33410		MT "	NDA 38
the dagen was/	hau two	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg lability of of the lis	ist on n	ered offic opany, it i ed liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		2	Sa	Vá	annah M	lontalban, Attornay-in-Fact
_		ure of a member or authorized representative of a member				Printed or typed name of signer
I he prov the d to m notij	reb işiç ere led	y accept the appointment as registered agent and ag ins of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to ac e perform ed for in hereby c	t i nai Cl cor	n this cap nce of my napter 60 yirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept S. F.S. Or, if this document is being filed the limited liability company has been
Sign	atur	Savannah Mor	Halban,	Sp	ecial Seci	retary
Ç.B.				_		

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

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