## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: WINDERWEEDLE, HAINES, WARD & WOODWIN,

Account Number: 076077002775 Phone

: (407)246-H678

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

Email Address: SdiMercuria

LLC REGISTERED AGENT CHANGE TUSCAN COVE, LILC

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EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statules, the undersigned limited to change its registered office or registered	
1. Name of the limited liability company:	TUSCAN COVE, LLC	
2. (a) Principal office address of limited liability company	1000 0 4	
(Note: MUST BE STREET ADDRESS)	Winter Park, Florida 32789	
(b) Mailing address of limited liability company:	1350 Orange Avenue, Suite 100	
(Note: MAY BE POST OFFICE BOX)	Winter Park, Florida 32789 390 N. ORANGE AVENUE, SUITE 1500	
01/22/2009	L09000007423	
3. Date of filing/registration in Florida	4. Décument number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	Christine Harrison	
Registered Office Address:	1350 Orange Avenue, Suite 100 Winter Park, Florida 32789	
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	
NEW Registered Agent:	WHWW, INC. C/O W. GRAHAM WHITE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	390 N. Orange Avenue, Suite 1500 Orlando, Florida 32801 ,FL	
If the limited liability company is not organized under the leconfirmed that after the change or changes are made, the Fleand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the mornbers of the limited liability company or as otherworther or the organized agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Signature of Redistreed Agent		

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