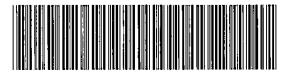


(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporation	ons				
NuRock Towr	NuRock Town Park, LLC				
Jobacet.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Ager	nt/Registered Offi	ce Change and	d fee(s) are submitted for filing.		
Please return all corresponden	ce concerning this	s matter to the	e following:		
Sharon H. Yarnall					
Name	e of Person				
The NuRock Companies					
Firm/	Company				
800 North Point Parkway	- Suite #125				
Ado	iress				
Alpharetta, GA 30005					
City/State	e and Zip Code				
syarnall@nurock.com					
E-mail address: (to be us	sed for future ann	ual report not	ification)		
For further information conce	rning this matter,	please call:			
Sharon H. Yarnall		678	297-3408		
Name of Pers	on		Area Code & Daytime Telephone Num	ber	
STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, Florida	ons er Circle	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check	for the following	amount:			
△ \$25 Filing Fee			\$55 Filing Fee & Certified Copy		

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

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.

I. N	ame of the limited liability company: NuRock Tow	n Park, LLC	
2. (a)	NuRock Town Park, LLC	(b) NuRock Town Park, LLC	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	800 North Point Parkway - Suite #125	800 North Point Parkway - Suite #125	
	Alpharetta, GA 30005	Alpharetta, GA 30005	
	3/3/2009	L09000020986	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	CT Corporation		
J. (4)	Registered Agent and Registered Office shown on the records of CT Corporation	f the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road		
	Plantation	133324 201 AUG	
(b)	Robby Block - Nurock Acquisitions Florida, L Enter name of NEW Registered Agent and/or NEW Registered 8794 Boynton Beach Boulevard NEW Registered Office Address: Suite #219	<u>σ</u> σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	
	Boynton Beach FI	L 33472	
the ch agent was/w	nange or changes are made, the Florida street address o	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company.	
		Robert G. Hoskins, MGR/MEMBER	
_	ature of a member or authorized representative of a member	Printed or typed name of signee	
I here provis the ob- to mes notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accep led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	
Signat	ture of Registered Agent		

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