

Division of Corporations

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L09000027088

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

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2009 JUL -9 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**TOWN CENTER 1, LLC**

Certificate of Status	1
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C. LEWIS

JUL 10 2009

EXAMINER**RECEIVED**

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From: Fisher Tousey Leas & Ball

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07/09/2009 13:23

#318 P.002/004

H09000160172

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Town Center 1, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John S. Ball

(Name of Person)

Fisher, Tousey, Leas & Ball, P.A.

(Firm/Company)

501 Riverside Avenue, Suite 600

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

John S. Ball

(Name of Person)

at (904) 358-2600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2009 JUL -9 AM 1:49

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Town Center 1, LLC(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 19, 2009 and assigned
Florida document number L09000027088.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1 Stelman ParkwaySuite 270Jacksonville, Florida 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Stelman ParkwaySuite 270Jacksonville, Florida 32216

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Anthony T. Stelman

New Registered Office Address:

1 Stelman Parkway, Suite 270(Enter Florida street address)Jacksonville(City)Florida 32216(Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 606, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter D. Sleiman	8888 Bayline Road	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Jacksonville, Florida 32256	<input type="checkbox"/>
MGR	Anthony T. Sleiman	1 Sleiman Parkway	<input checked="" type="checkbox"/> Add
		Suite 270	<input type="checkbox"/> Remove
		Jacksonville, Florida 32216	<input type="checkbox"/>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 29

2009

Signature of a member or authorized representative of a member

Anthony T. Sleiman

Typed or printed name of signer

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Filing Fee: \$25.00

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