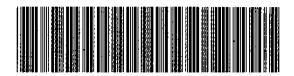
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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status <u> </u>		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL 29 PH 12: 11

T. HAMPTON

JUL 3 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	SUBJECT: Magnolia TC 1 MM, LLC					
	Name of I	Limited	l Liability C	Company		
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered C	Office (Change and	fee(s) are submittee	d for filing.	
Please	e return all correspondence concerning	this m	atter to the f	following:		
				ĭ		
	Katie Breslow					
	Name of Person					
	Magnolia Florida LLC					
	Firm/Company					
	2301 Lucien Way, Suite 40	5				
	Address	<u> </u>				
	Maitland, FL 32751					
	City/State and Zip Code					
	Kbreslow@ard.cc					
E	Kbreslow@ard.cc -mail address: (to be used for future annual report n	otification	on)	•		
For further information concerning this matter, please call:						
	Katie Breslow	at (407)	333-1440 E	Ext. 118	
	Name of Person	_	Area (Code & Daytime Telepho	one Number	
	STREET/COURIER ADDRESS:		MAILIN	NG ADDRESS:		
	Registration Section Registration Section					
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahas	see, Florida 32314		
	i alianassee, Florida 32301					
Enclosed is a check for the following amount:						
	\$25 Filing Fee	g 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 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.

agent, or both, in the state of Florida.				
1. Name of the limited liability company:	Magnolia TC 1 MM, LLC			
2. (a) Principal office address of limited liability compan	y:			
(Note: MUST BE STREET ADDRESS)				
·	•			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
April 22, 2009	L09000038988			
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:	Magnolia Florida, LLC			
Registered Office Address:	2301 Lucien Way			
	Suite 405 Maitland, FL 32751			
	Mandaria, La Cari V			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	N. Dwayne Gray			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	315 East Robinson Street Suite 600			
MUSI BE FLURIDA SIREEI ADDRESS)	Orlando ,FL32801			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member				
Christopher Ward				
Printed or typed name of signee Lharaby accept the appointment as registered agent and	garee to get in this canacity. I further garee to			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provided and familiar with and accept the obligations of my provided to the companies of the com	agree to det in this capacity. I juriner agree to roper and complete performance of my duties, ostition as registered agent as provided for in erely reflect a change in the registreed office by has been notified in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				
TILLING FEEL \$25.00				

INHS18 (05/08)