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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : 075410002172 Phone : (239)344-1100 Fax Number : (239)344-1200

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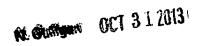
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of	f the limited liability company: Florida B	ida, LLC		
2 (a) Del-				72 17
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Sulle 500	ریخ مسرا مذاعون د		
4.14	ACTIVOST DE STRIET ADDRESS	,	Baltimore, MD 21209	- Artista
 (b) Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX) 	ny:	1427 Clarkview Road		
		Suite 500		
			Baltimore, MD 21209	
os in a conne				ŗ
05/01/2009	717		L09000042465	·
5. Date of I	iling/registration in Florida	4	Document number	
5. (a) Reg	istered Agent and Registered Office sh	hown on tl	he records of the Florida Dept.	. of State:
Regi	istered Agent:		David K. Fowler	
Dani	stand Office Address		U	
Registered Office Address:		Henderson Franklin Stemes & Hott, PA 1648 Perivinkle Way, Suite B		
			Saniber FL 33957	
(b) Enter	r name of <u>NEW Registered Agent</u> an	d/or <u>NEW</u>	Registered Office address:	
NEV	V Registered Agent:	,	HF Registered Agents, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1715 Manroe Street		
(MC)	SI BE PLUKIDA SI KEEI ADDKE	<u>337</u>	Fort Myers	.FL 33901
		•		· · · · · · · · · · · · · · · · · · ·
confirmed the and the busin liability come the members the operating	I liability company is not organized un at after the change or changes are machess office of the registered agent will pany, it is hereby confirmed that the of the limited liability company or as agreement of the limited liability company or as the company or as the limited liability company or as the limited liability company or as the limited liability company or authorized representative of a member of a mem	ie, the Flo be identic hange(s) v otherwise	rida street address of the regis al. Or, in the case of a Florida vas/were authorized by an affi	tered office a limited rmative vote of
Michele	A. Williams			
Printed or typed	nanc of signee			
I hereby accomply with with a comply with a comple to the control of the control	ept the appointment as registered ages the provisions of all statutes relative to iliar with and accept the obligations of F.S. Or, if this document is being file reby confirm that the limited liability of	ni and agr o the prop of my posi ed to merc company l	ee to act in this capacity. I fu er and complete performance (ion as registered ugent as pro ly reflect a change in the regi has been notified in writing of	orther agree to of my duties, ovided for in stered office this change.
Signature of Regi	stered Agent Erin E. Houck-Toll,	Vice Pr	esident	
• •	Division of Corporations, P.O.			
FILING FEE: \$25.00				

INHS18 (05/08)