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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Dusiness Er	ility Name)	
(Document Number)		
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Certified Copies Cer	tificates of Status : . :	
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Special Instructions to Filing Officer:		

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

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 the limited liability company:	Beachwalk Tampa, LLC	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	5000 Sawgrass Village Circle 6te. 3 Ponte Vedra Beach, Florida 32082	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	Same	
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05/26/2009	L09000050766 6 4	
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:	Ford, Bowlus, Duss, Kenney, Safer & H	
Registered Office Address:	10110 San Jose Boulevard Jacksonville, Florida 32257	
NEW Registered Agent: NEW Registered Office Address:	John S. Duss, IV Duss, Kenney, Safer, Hampton & Joos 4348 Southpoint Boulevard, Suite 101	
(MUST BE FLORIDA STREET ADDRESS)	Jacksonville ,FL32216	
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		
Sohn S. Duss, IV, Authorized Person Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 1908, If S. Or, if this document is being filted to me address I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in wely reflect a change in the registered office y has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)