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Division of Corporations

## Florida Department of State Division of Corporations

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## LLC REGISTERED AGENT CHANGE 5424 MARINA DRIVE, LLC

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H22000144820 3

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

19415527141

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.

1. N	ame of the limited liability company: 5424 MARINA I	)RJV	E, LLC				
2. (a)	10 SARASOTA CENTER BLVD.		(b) 10 SARASOTA CENTER BLVD.				-
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limite	-		
	SARASOTA, FL 34240-9770	_	SARASO	TA, FL 34240-9770			
	JULY 20, 2009	_	L09000069	849		•	
3.	Date of filing/registration in Florida	4.	<del> </del>	Document number	·	_	
5. (a)	ALAN M. ELWELL						
(1)	Registered Agent and Registered Office shown on the records of 10 SARASOTA CENTER BLVD.	the Flo	orida Dept. of Stat	_ c;			
	Registered Office Address (MUST BE FLORIDA STREET)	1DDR	ESS)	<del>-</del>			
	SARASOTA , FL	3424	0-9770	_		2022	
(b)	CROSS STREET CORPORATE SERVICES, LLC					022 APR	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	t address:	-		21	
	200 SOUTH ORANGE AVENUE				:1	P	
	NEW Registered Office Address:	_		-	***	3: 02	
	SARASOTA , FL	3423	6	-			
:nange igent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the opprating agreement of the	regist bility f the l	tered office and company, it is limited liability	the business office hereby confirmed the company or as other	of the regis	stered	
62	hm/s/			· ·	Representa	tive	
Signali	are of a member of authorized representative of a member	_		Printed or typed name o	f signee	-	
he obli o mere	y accept the appointment as registered agent and agreems of all statutes relutive to the proper and complete patients of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ツァイハル	**************************************	frifræg stært frima frima i	Tierr treithe ern	•4 000	200
Signatur	e of Registered Agont Michael J. Wilson, As its Vice President						

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

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