

LD91000071118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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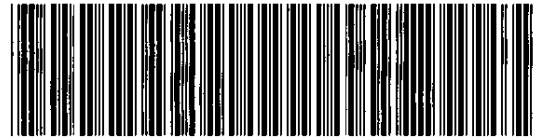
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JUL 14 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 12 PM 12:14

**FILED**

**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 the limited liability company: 142 Stockton, LLC
2. (a) Principal office address of limited liability company: 15496 San Pablo Rd, N.  
 (Note: **MUST BE STREET ADDRESS**) Jacksonville, FL 32240
- (b) Mailing address of limited liability company: P.O. Box 50278  
 (Note: **MAY BE POST OFFICE BOX**) Jacksonville Beach, FL 32240

7/23/2009 3. Date of filing/registration in Florida      L09000071118 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Edward B. Doherty  
Registered Office Address: 11804 Donato Drive  
Jacksonville, Florida 32226

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Gary C. Lindros  
**NEW Registered Office Address:** 15496 San Pablo Rd., N.  
**(MUST BE FLORIDA STREET ADDRESS)** Jacksonville, FL 32240

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.

Gary C. Lindros  
Signature of a member or authorized representative of a member

Gary C. Lindros  
Printed or typed name of signee

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 608, 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.

Gary C. Lindros  
Signature of Registered Agent

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

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JUL 12 PM 12:14  
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TALLAHASSEE, FLORIDA