Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:______

LLC REGISTERED AGENT CHANGE SAN MARCO DD, LLC

| Certificate of Status | 0 |
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IN 20 PH 12:

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6/21/1500

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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 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

| 1. N | ame of the limited liability company: San Marco DE | LLC | |
|-----------------------------|---|--|---|
| | | | Mailing address of limited liability company: |
| 2 . (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 159 Yellow Bill Lane | | 59 Yellow Bill Lanc |
| | Ponte Vedra Beach, FL 32082 | | Ponte Vedra Beach, FL 32082 |
| | August 5, 2009 | Le | 09000075128 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| _ | | | |
| 5. (8 | Registered Agent and Registered Office shown on the records of | f the Florida D | ept. of State: |
| | Richard Q. Lewis, III | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 100 Whetstone Place, Suite 200 | | |
| | St. Augustine F | L 32086 | |
| | | | |
| (b | Enter name of NEW Registered Agent and/or NEW Registere | | <u></u> |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office addr | ZTF: |
| | Ellen Avery-Smith | | |
| | NEW Registered Office Address: | | |
| | 100 Whetstone Place, Suite 200 | | |
| | St. Augustinc , F | L_32086 | |
| the cagen was/ the a | e limited liability company is not organized under the leange or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the | aws of the S of the regist liability cor s of the limit he limited lia | state of Florida, it is hereby confirmed that after ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. Griffey |
| Sig | nature of a member or authorized representative of a member | | Printed or typed name of signee |
| I he provide the to mention | reby accept the appointment as registered agent and a visions wall statutes relative to the proper and comple obligations of my position as registered agent as provide erely reflect a change in the registered office address, field in writing of this change. | gree to act le performa ded for in C I hereby co | in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed in that the limited liability company has been |
| Sign | ature of Registered Agent | | |