04 1110079515

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

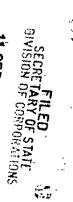
Office Use Only

B. KOHP SEP 29 2011 EXAMINER



100212511931

09/28/11--01031--008 **60.00



LAW OFFICES COLEMAN TALLEY LLP

910 NORTH PATTERSON STREET VALDOSTA, GEORGIA 31601 P. O. BOX 5437 (31603) TELEPHONE 229-242-7562 FACSIMILE 229-333-0885 WWW.COLEMANTALLEY.COM

7000 CENTRAL PARKWAY, N.E.
SUITE 1150
ATLANTA, GA 30328
TELEPHONE (770) 698-9556

ATLANTA OFFICE

Kimberly O. Carter, RP[®], FRP Paralegal

kim.carter@colemantalley.com DIRECT DIAL (229) 671-8263 ESTABLISHED 1937

FACSIMILE (770) 698-9729

September 27, 2011

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

VIA FEDERAL EXPRESS

Re: Defuniak Woodridge Partner, LLC and Defuniak Springs Woodbridge, LP

Dear Sir/Madam:

Enclosed please find the following documents:

- 1. An original and two (2) copies of Statement of Change of Registered Agent Office and Registered Agent for *Defuniak Woodridge Partner*, *LLC*.
- 2. An original and two (2) copies of Statement of Change of Registered Agent Office and Registered Agent for *Defuniak Springs Woodridge, LLC*.
- 3. Our firm's check number 58141 in the amount of \$60.00 for the costs associated with the filing of these change forms; and
- 4. A self-addressed federal express mailer envelope.

Once these forms has been processed, please return to our office, in the enclosed self-addressed stamped envelope, a stamp file copy of each document. We are also emailing your office with a change of address of the principal office address for each of the entities.

Should you have any questions concerning this request, please do not hesitate to contact me. Thank you.

Sincerely,

Kimberly O. Carter, RP[®], FRP Paralegal to Gregory Q. Clark

Enclosures 316872/1

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:DEFUNIA	<u>AK WOODRIDGE PARTNER, LLC</u>		
2. (a) Principal office address of limited liability company	2964 Peachtree Road, NW		
(Note: MUST BE STREET ADDRESS)	Atlanta, Georgia 30305		
(b) Mailing address of limited liability company:	2964 Peachtree Road, NW		
(Note: MAY BE POST OFFICE BOX)	Atlanta, Georgia 30305		
8/18/2009	L09000079515		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	William J. Rea, Jr.		
Registered Office Address:	100 South Bridge Lane		
Registros Office Address.	C213, Box 613266		
	Watersound, FL 32431		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	V Registered Office address: Jason White		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	516 McKenzie Avenue		
111 00 1 101 1 1011 101 1 1111 1111 1111 1111	Panama City ,FL32401		
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 flereby 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 of authorized representative of a member	•		
William J. Rea, Jr.			
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 proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registered Agent			

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