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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE : 287/931 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: February 17, 2010 ORDER TIME : 9:30 AM ORDER NO. : 287631-120 CUSTOMER NO: 7468825 CHANGE OF AGENT NAME: RELIANCE-SCOTT CARVER IIB, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Heather Chapman -- EXT# 2908

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. Na | Name of the limited liability company: RELIANCE-SCOTT CARVER IIB, LLC | | |
|--|---|--|--|
| 2. (a) | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | E-SCOTT CARVER IIB, LLC ny: 20 Battery Park Avenue, Suite 305 Asheville, NC 28801 | |
| (b | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 20 Battery Park Avenue, Suite 305 Asheville, NC 28801 | |
| 09/ | 10/2009 | L09000087471 | |
| 3. D | ate of filing/registration in Florida | 4. Document number | |
| 5. (a | n) Registered Agent and Registered Office shown of | n the records of the Florida Dept. of State: | |
| | Registered Agent: | Reliance Housing Foundation, Inc. | |
| | Registered Office Address: | 516 NE 13th Street Ft. Lauderdale, FL 33304 | |
| (b | Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: | EW Registered Office address: Corporation Service Company | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street Tallahassee ,FL 32301 | |
| that a office hereb liabil limite | fter the change or changes are made, the Florida stro | e laws of the State of Florida, it is hereby confirmed eet address of the registered office and the business case of a Florida limited liability company, it is I by an affirmative vote of the members of the limited of organization or the operating agreement of the | |
| (Printe | nca Lozada, Authorized Person ed or typed name of signee) | <u> </u> | |
| I her comp am fo F.S. confi By: (Signa | eby accept the appointment as registered agent and ity with the provisions of all statutes relative to the primitian with and accept the obligations of my position, if this document is being fited to merely reflect of that the limited liability company has been notificant of Registered Agent) Grace E. Kirby, Assistant | agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change. | |

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314