

**LD91000094884**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

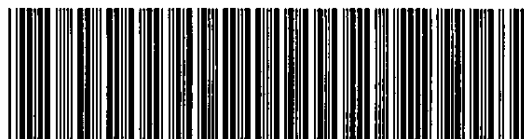
Special Instructions to Filing Officer:

**L. SELLERS**

**JAN 24 2012**

**EXAMINER**

Office Use Only



**300219069923**

01/23/12--01043--009 \*\*25.00

**FILED**  
12 JAN 23 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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: UNIVERSITY PLACE APTS. LLC

2. (a) Principal office address of limited liability company: 3291 UNIVERSITY BLVD N

(Note: MUST BE STREET ADDRESS)

JACKSONVILLE, FL 32277

(b) Mailing address of limited liability company: 3291 UNIVERSITY BLVD N

(Note: MAY BE POST OFFICE BOX)

JACKSONVILLE, FL 32277

10/01/2009

L09000094884

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

EUNICE GALLETS

Registered Office Address:

2825 SW 22ND AVE STE 105  
DELRAY BEACH FL 33445 US

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

NEW Registered Agent:

INCSMART FLORIDA, INC

NEW Registered Office Address:

4865 47TH PLACE

(MUST BE FLORIDA STREET ADDRESS)

VERO BEACH, FL 32967

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.

  
Signature of a member or authorized representative of a member

BEN DEVOE

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.*

  
Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

**FILED**  
JAN 23 PM 12:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA