L09000094884

(Requestor	's Name)	
(Address)		
(Address)		
(City/State	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document	Number)	
Certified Copies C	Certificates of Status	
Special Instructions to Filing Officer:		
L. SELLERS		
JAN 24 2012		

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EXAMINER



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SECRETARY OF STATE

12 JAN 23 PH 12: 87

COVER LETTER

TO: Registration Section Division of Corporations		
	Y PLACE APTS, LLC	
	a mainly company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
BEN DEVOE		
Name of Person		
UNIVERSITY PLACE APTS, LLC		
Firm/Company	to the second se	
4865 47TH PLACE		
Address		
VERO BEACH FL 32967 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Code		
E-mail address: (to be used for future annual report notifical	cion)	
`	,	
For further information concerning this matter, please call:		
at ())	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

agein, or boin, in the blate of 1 to tau.	
1. Name of the limited liability company:UNI	VERSITY PLACE APTS, LLC
2. (a) Principal office address of limited liability company	y: 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 <u>NEW Registered Agent</u> and/or <u>NE</u>	W 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 confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization
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 a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	ARE AN
Division of Corporations, P.O. Box 63 FILING FEE: S	
INHS18 (05/08)	Fig. 5