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equestor's Name)							
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☐ WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE
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## COVER LETTER,

-	sistration Section issued issued in Section of Corporations						
SUBJECT:	SOUTH ATLANTIC REGION	AL CENT	TER , LLC				
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclosed Registered Agent/Registered Office Change and fce(s) are submitted for filing.							
Please retur	n all correspondence concerning this	matter to	the following:				
CHRISTIN	NA HERNANDEZ						
	Name of Person						
SOUTH A	TLANTIC REGIONAL CENTE	R, LLC					
	Firm/Company						
9250 BEL	VEDERE ROAD SUITE 101						
	Address						
ROYAL P	ALM BEACH, FL 33411						
-	City/State and Zip Code						
CMHERN	ANDEZ1085@GMAIL.COM						
E-mail	address: (to be used for future annu	al report n	otification)				
For further i	information concerning this matter, p	olease call:					
CHRISTIN	NA HERNANDEZ	561	288-8568				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building 1 Executive Center Circle dahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	Enclosed is a check for the following amount:						
☑ \$	25 Filing Fee	٥	\$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 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 Florida.

1.	Na	ame of the limited liability company: South Atlanti	c Regior	na Center	LLC				
2.	(a)		(b	)					
	` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
		9250 Belvedere Road Unit 101		9250 Belvedere Road Unit 101  Royal Palm Beach, FL 33411  L1000006246					
		Royal Palm Beach, FL 33411							
		06/10/2010							
3.		Date of filing/registration in Florida	4.	]	Document num	ber			
5	(a)	Diveto Charles							
٥.	(u)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:					
		7425 NW4 Street							
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>)</u>					
		Plantation , FI	L <sup>33417</sup>						
						655 655			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			VON 5182	O F			
				XASS ASS	1				
		REGISTERED AGENTS INC.				σ- 			
		NEW Registered Office Address:			F S	DF STU			
		3030 N. Rocky Point Drive, STE 150A			MARY OF STATE ASSEE, FLORIDA	?: 5 <b>S</b>			
		Tampa . FI	33607		₽				
the age wa the	cha ent v s/we arti vena vena verei obli mere	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  Bill Havre/Assistant Sec	of the registiability control of the limited limited limited limited limited limited limited limited for the reby control of the registion of the limited limi	tered office mpany, it is ited liability compability company.	and the busine hereby confirm company or as pany.  Printed or typed recity. I further	ess office ned that s otherwards ame of s	the change(s) wise provided in  ignee		

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