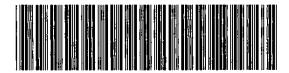
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## Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831

Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

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

DATE: STATE: 7/10/2012 **FLORIDA** 

**REP UNIT:** 

**ORANGE CITY II, LLC** 

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #22738 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ORANGE CITY II, LLC Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Myra Homer Name of Person			
Capitol Services Registered Agent D	<u>Depart</u> ment		
800 Brazos, Suite 400			
Austin, Texas 78701  City/State and Zip Code			
E-mail address: (to be used for future annual report notificatio	<u>n)</u>		
For further information concerning this matter, plea	ase call:		
Myra Homer at (	800 ) 345-4647		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	7 manussa, 7 mm a 525 i 1		
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 ALL AND OF STATE OF

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 areas to what in the State of Florida.

ageni, or both, in the state of rioriaa.		•	
1. Name of the limited liability company: ORANG	E CITY II, LLC		
2. (a) Principal office address of limited liability comp	<sub>pany:</sub> 2525 Enterprise R	oad	
(Note: MUST BE STREET ADDRESS)	Orange City, FL 32763		
(b) Mailing address of limited liability company:	c/o AAMCI, 900 S.	Gay Street, Ste. 800	
(Note: MAY BE POST OFFICE BOX)	Knoxville, TN 37902	2	
8/20/2010	L10000088183		
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:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road		
	Plantation	FL 33324	
(b) Enter name of NEW Registered Agent and/or l	NEW Registered Office add	dress:	
NEW Registered Agent:	Capitol Corporate Services, Inc.		
NEW Registered Office Address:	155 Office Plaza Drive, Suite A		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	, FL <u>32301</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideality company, it is hereby confirmed that the change of the members of the limited liability company or as our the operating agreement of the limited liability company or as signature of a member of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operation of the limited liability company or as the limited liability or as the operation of the limited liability or as the limited liability or as the limited liability or as t	cetary		
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	d agree to act in this capaci proper and complete perfor position as registered agen merely reflect a change in th pany has been notified in wri	ty, I further agree to mance of my duties, ta provided for in he registered office ting of this change.	
Signature of Registered Agent Delanie Case, Asst. Signature of Registered Agent behalf of Capitol Corpu	ecretary on		

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