L1000012118U

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	·
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EXAMINER



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12/22/11--01034--006 **25.00

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE. FLORIDA

RECEIVED





CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax 'www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
11 DEC 22 PH 14 08

Re: Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Florence Burgers 9, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered of the control of
1. Name of the limited liability company: FLORENCE BUR	GERS 9, LLC
2. (a) Principal office address of limited liability company	247 N. WESTMONTE DRIVE
(Note: MUST BE STREET ADDRESS)	ALTAMONTE SPRINGS FL 32714
(b) Mailing address of limited liability company:	247 N. WESTMONTE DRIVE
(Note: MAY BE POST OFFICE BOX)	ALTAMONTE SPRINGS FL 32714
11/22/2010	L10000121180
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	TERRY W. COSTOLO, ESQ.
Registered Office Address:	GRAYROBINSON, PA 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
(MOST DO TECHION STREET ADDRESS)	Plantation ,FL 33324
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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. Signature of a member or authorized representative of a member	ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Kristin Bolden, Manager	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as	rea to act in this canacity. I further agree to

I nerepy 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

Accident Secretary

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