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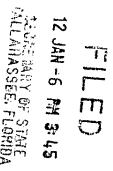
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Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filina Officer:			
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Office Use Only



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D. BRUCE
JAN 0 9 20/2
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	TECT:		Properties, LL		· · · · · ·		
		140mile of Dillines		•			
Dear	Sir or Madam:	•					
The e	nclosed Registered Agent/Re	egistered Office (Change and fee(s) a	re submitted for filin	ıg.		
Pleas	e return all correspondence c	oncerning this m	atter to the followin	ıg:			
	, '						
	Lisa Comatzer Name of Persor						
	Blanco Tacka	abery					
	Firm/Company						
						7	
	PO Drawer 2	5008			32.5	JAN	tracking to
	Aduress				AS TO	ı	Secretary Contraction
	Winston-Salem, NC	27114 5008				D	
	City/State and Zip (三	2	IT
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E	brett waters@a	On.com	on)		D m	ម៉ា	
For fi	arther information concerning	g this matter, ple	ase call:	•			
	Lisa Cornatzer	. at (336)	293-9000			
	Name of Person	-	Area Code & Da	sytime Telephone Number			
	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	ion orations			
	Enclosed is a check for the	ne following amo	ount:				
	\$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.

1. Name of the limited liability company:	Florida GC Properties,	LLC
2. (a) Principal office address of limited liability compa	any:	
(Note: MUST BE STREET ADDRESS)	1100 REYNOLDS BLVE WINSTON-SALEM NO). 27105-3400 US
(b) Mailing address of limited liability company:	1100 REYNOLDS	S BLVD.
(Note: MAY BE POST OFFICE BOX)	WINSTON-SALEM NC	27105-3400 US
12/09/2010	L100001264	400
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of		. *
Registered Agent:	CT CORPORATION SY	STEMES 5
Registered Office Address:	1200 S. PINE ISLAND R FT. LAUDERDALE FL 3	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>		Y OF STA
NEW Registered Agent:	L. P. HERZOG	- 34 5
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	DEBARY	,FL <u>32713</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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as office of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the re- entical. Or, in the case of a Florids, was/were authorized by an	egistered office orida limited affirmative vote
L. P. HERZOG, MANAGER Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand 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 compositions of Registered Agent		I further agree to nce of my duties, provided for in egistered office g of this change.
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)