Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE SOMERSET RE, LLC

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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.

. N	ame of the limited liability company: 800 Councourse Parkway South, St 200, Maitland, FL 3275 Principal office address of limited liability company:	(b) 800	Councourse Parkway South, St 200, Maitland, FL 32 Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	_	(Note: MAY BE POST OFFICE BOX)
	03/21/2011		00033501
i. i. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number
. (0,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		of State:
	I201 HAYS STREET		
	TALLAHASEE	32301	
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	NEW Registered Office Address:		
	1200 South Pine Island Road		29
	Plantation , F1	33324	
he ch gent vas/v he ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the	ws of the State the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	ature of a member or authorized representative of a member	Christina	K. Firth, Authorized Person Printed or typed name of signee
_	rby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change. Outportain System Now So. Pine Marc St. Pier	ree to act in the performance d for in Chap hereby canfir	• • •

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