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(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	()
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. (Bu	siness Entity Name	·)
(Document Number)		
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SECRETARY OF STATE
AFLAHASSEE. FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: SFPC Ho Name of Limit	Iding Company, LLC Led Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Steve Punitz, Es	ن بي الله الله الله الله الله الله الله الل
Pennington, Moore, Wilkinsor	1, Bell & Dunbar
215 S. Monroe St.,	2nd F/007
Tallahassee, FL 32 City/State and Zip Code	301
Spuritz @ pennington! Elmail address: (to be used for future annual report notification)	aw. Com
For further information concerning this matter, p	lease call:
Steve Puritz at of Name of Person	(850) 222 - 3533 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following ar	nount:
\$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: <u>SFPC</u>	Holding Company, LLC
2. (a) Principal office address of limited liability company:	: 2255 Kilkarn Center Bluc
(Note: MUST BE STREET ADDRESS)	Tallahassee, FL 32309
(b) Mailing address of limited liability company:	2255 Killearn Center Blvc
(Note: MAY BE POST OFFICE BOX)	Tallahassee, FL 32309
8/13/11	411000092942
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the	a in a
Registered Agent:	Steven M. Malono
Registered Office Address:	15 S. Monroe St., 2nd Floor Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Steven M. Puritz
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand 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 otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee	English 2
I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further ugree to per and complete performance of the duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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