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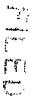
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EXAMINER

STAPASSEE FLORING





ION SERVICE COMPANY.			
ACCOUNT NO. : I2000000195			
REFERENCE : 135502 4720460			
AUTHORIZATION Spelle Man			
COST LIMIT : \$25.00			
ORDER DATE: March 19, 2012			
ORDER TIME : 9:32 AM			
ORDER NO. : 135502			
CUSTOMER NO: 4720460			
CHANGE OF AGENT			
NAME: 125502 LINES 1-53			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Stephanie Milnes EXT# 2920			

EXAMINER:

THE SAME SAME TO THE

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: 216 SANTA BA	ARBARA BOULEVARD OPERATIONS LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	800 Concourse Parkway South Suite 200 Maitland, FL 32751
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
11/17/2011	L11000131221
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: Corporation Service Company 1201 Hays Street
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Attely	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member) Maureen Cathell, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I sprovided for in Chapter 608, bone in the registered of the address. I hereby
By: Dian Chroy	in writing of this change. Grace E. Kirby, Asst. VP

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

INHS18 (05/08)