## #[11000131238

(Requestor's Name)		
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V.uz.	<b>,</b>	
(Address)		
(City/S	tate/Zip/Phone #)	
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K.SALY EXAMINER MAR 21 2012



ACCOUNT NO. : I2000000195

REFERENCE : 135502 4720460

AUTHORIZATION

COST LIMIT

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:

## 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: 626 NORTH T	YNDALL PARKWAY OPERATIONS LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Suite 200
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Maitland, FL 32751
11/17/2011	L11000131238
3. Date of filing/registration in Florida	l. 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</u>	V Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
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 ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	aws of the State of Florida, it is hereby confirmed
(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 ag comply with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a ci 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 as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: Whom thinks	Grace E. Kirby, Asst. VP

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

INHS18 (05/08)