

L11000131270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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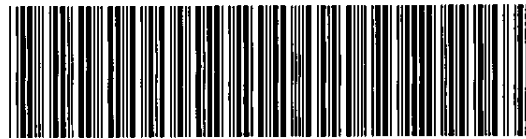
(Business Entity Name)

(Document Number)

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2012 MAR 20 AM 10:28  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA 12 MAR 20 AM 10:56

J. BRYAN

MAR 21 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 135502 4720460

AUTHORIZATION :

*Spurlockman*

COST LIMIT : \$25.00

ORDER DATE : March 19, 2012

ORDER TIME : 9:32 AM

ORDER NO. : 135502

CUSTOMER NO: 4720460

FILED  
2012 MAR 20 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: 125502 LINES 1-53

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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: 1026 ALBEE FARM ROAD OPERATIONS LLC

2. (a) Principal office address of limited liability company: 800 Concourse Parkway South  
Suite 200  
Maitland, FL 32751  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: \_\_\_\_\_  
**(Note: MAY BE POST OFFICE BOX)**

11/17/2011  
3. Date of filing/registration in Florida

L11000131270  
4. Document number

5. (a) Registered Agent and Registered Office shown on the 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 NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
**(MUST BE FLORIDA STREET ADDRESS)**  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*Maureen Cathell*

(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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: *Grace E. Kirby*

(Signature of Registered Agent) Corporation Service Company Grace E. Kirby, Asst. VP

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**