## L12000 015966

| (Re                                     | questor's Name)    |             |
|---|--------------------|-------------|
| (Ad                                     | dress)             |             |
| (Ad                                     | dress)             |             |
| (Cit                                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | siness Entity Nan  | ne)         |
| (Do                                     | cument Number)     |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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T. HAMPTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Deemer adeemer@cscinfo.com

Date: April 23, 2013

Order#: 613944/005

Re: FLATLANDS MANAGEMENT COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Amanda Deemer c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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: FLATLANDS M.  | ANAGEMENT COMPANY, LLC   |  |  |
|---|--|--|--|
| 2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )  | y: 215 Fifth Street Suite 100 West Palm Beach, FL 33401  |  |  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 215 Fifth Street Suite 100 West Palm Beach, FL 33401   |  |  |
| 02/02/2012  | L12000015966   |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on  | the records of the Florida Dept. of State:   |  |  |
| Registered Agent:   | Chief Financial Officer  |  |  |
| Registered Office Address:  | 200 East Gaines Street   |  |  |
|   | Tallahassee, FL 32399  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  |  |
| NEW Registered Agent:   | Corporation Service Company  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 1201 Hays Street   |  |  |
|   | 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.  Manage  Signature of member of authorized representative of a member |  |  |  |
| Prince or typed name of signee  | PN II  |  |  |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company  | gree to act in this capacity. I further agree to form the complete performance of my duties, stifon as registered agent as provided form rely reflect a change in the registered office y has been notified in writing of this change. |  |  |
| By: Signature of Registered Agent Comparation Services Company  | Sylvia Queppet, Assistant Vice President   |  |  |
|   |  |  |  |

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