## L12000017631

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APPROVEL AND FILED

D. BRUCE

OCT 17 2012

EXAMINER



ACCOUNT NO. : I20000000195

REFERENCE : 375267 7685614

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE : October 9, 2012

ORDER TIME : 9:28 AM

ORDER NO. : 375267-009

CUSTOMER NO: 7685614

CHANGE OF AGENT

NAME: MW SPANISH RIVER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

12 OCT 16 AM ||: |

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## APPROVE AND FILED

## 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	f the limited liability company: MW SPANISH	RIVER, LLC	<u>.                                    </u>
	cipal office address of limited liability company: ote: MUST BE STREET ADDRESS)	e address of limited liability company: 320 Sparta Avenue  TBE STREET ADDRESS)  Sparta, NJ 07871	
(b) Mai ( <u>N</u>	iling address of limited liability company: ote: MAY BE POST OFFICE BOX)	P.O. Box 853 Sparta, NJ 07871	<del></del>
02/06/201:	2	L12000017631	
3. Date of	filing/registration in Florida 4	. Document number	<del></del>
5. (a) Reg	gistered Agent and Registered Office shown on th	<u>&gt;</u>	7. SE 72.
Reg	sistered Agent:	Williams, Robert H. Jr.	OCT CARE
Reg	gistered Office Address:	100 N.E. 20th Terrace  Deerfield Beach, FL 33441 US	選 5
	er name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>W</u> Registered Agent:	Registered Office address:  Corporation Service Company	STATE A
(MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street Tallahassee ,FL 32301	<u> </u>
that after the office of the hereby constitution liability constitution limited liab	ed liability company is not organized under the lance change or changes are made, the Florida street e registered agent will be identical. Or, in the case firmed that the change(s) was/were authorized by impany or as otherwise provided in the articles of organized representative of a member)	ws of the State of Florida, it is hereby con address of the registered office and the buse of a Florida limited liability company.	isiness it is
Robert H. V (Printed or typ	Williams, Jr., Authorized Person name of signee)		
I hereby accomply with am familian F.S. Or, if confirm that	ccept the appointment as registered agent and ag h the provisions of all statules relative to the pro r with and accept the obligations of my position o this document is being filed to merely reflect a ci at the limited liability company has been notified	ree to act in this capacity. I further agree per and complete performance of my dutie is registered agent as provided for in Cha nange in the registered office address, I he in writing of this change.	to s, and I pter 608, ereby
By: (Signature of I	Sugar	vlvia Quennet Asst Vice President	

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