Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P.O. Box 1517 Ponte Vedra Beach, FL 32009-1517			
	824 Spinnaker's Reach Drive					
	Ponte Vedra Beach, FL 32082					
	04/03/2012	L	12000045948			
	Date of filing/registration in Florida	4.	Documen	ıt number		
(B)	Lori J. Schafer					
·>	Registered Agent and Registered Office shown on the records	of the Florida (Pept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				a a	
	824 Spinnaker's Reach Drive				in comme	
	Ponte Vedra Beach	_{FI.} 32082			t di Seminan	
(b)	Fisher, Tousey, Leas & Ball			SSEE VSV (
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	THE STATE OF THE S	FLOR		
	NEW Registered Office Address:		***************************************		ວ ກ	
	818 A1A North, Ste. 104	······································	-			
	Ponte Vedra Beach	FL_32082				
che ent v s/w pre	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by the affirmative vote of the memberieles of organization or the operating agreement of	of the regist	ered office and the language, it is hereby of the liability companiability company.	business office of confirmed that the y or as otherwise	the registered change(s) provided in	
- 4	nurs of a member or authorized perferentialive of a member	agree to act		typed name of signee wither agree to con		
vis.	by accept the appointment as registered agent and lins of all statutes relative to the proper and complicitions of my position as registered agent as provely reflect a change in the registered office address of my riting of his change.	ele performa ided for in C	nce of my dutles, an hapter 605, F.S. Or often that the limits	d Lam familiar wi t, if this document d lightlity compon	th and accer is being filed to has been	

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