Division of Corporations



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From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 : (813)273-4229 Phone Fax Number : (813)273-4396

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## LLC REGISTERED AGENT CHANGE 10203 COURTNEY PALMS, LLC

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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.

1,	Ne	me of the limited liability company: 10203 Courtn	ey Pal	ms, LLC			
			(1	o)	Aniling address of limited liab		
-	(**)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	_ `	<i>y</i>	Apiling address of limited liab (Note: MAY BE POST OF		r:
		28 Camelot Ridge Drive		28 Came	elot Ridge Drive		
		Brandon, FL. 33511	_	Brandon, FL. 33511			
		07/09/2013		L1300009	97730		
3.		Date of filing/registration in Florida	4.		Document number		
_	(-)						
5.	(4)	Registered Agent and Registered Office shown on the records of	the Florid	n Dept of State	• <b>:</b>	•	
		Natalle C. Annis					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•		
		201 North Franklin Street, Suite 2000					
		Tampa, FL	33602	<u> </u>	•		
		, FL	·		-		
	(b)					7	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ОПісь а	ldress:	•	,	•
						2	
		James W. Goodwin			-		
		NENY Registered Office Address:				•	1
		201 North Franklin Street, Suite 2000		<del>.</del>	•	.>	
		_	22505	,		:	
		TampaFI	33602	<u>.                                    </u>	-	نت	
th ag with — I price	e chi jent v as/w e art Signe here ovisi e obi	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the litere of a member or authorized representative of a member by accept the appointment as registered agent and age on so fall statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	the reg ability of of the lin limited Ja	istered office company, it is nited liability liability con mes W. Go	e and the business offices and the business offices a hereby confirmed that y company or as otherwineshy.  Oddwin  Printed or typed name of slip active. I further agree to	the change ise provide	stered (s) d in
3	gnati	ore of Registered Agent					
	-	-					

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