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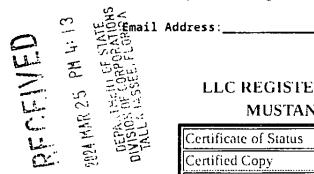
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE MUSTANG RIDGE V, 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/11/13		00128310
S.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
). (11)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	C1 Corporation System		
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	2024
	1200 South Pine Island Road		2021 HAR
	Plantation . J	L_33324	26
	Registered Agents Inc		· · · · · · · · · · · · · · · · · · ·
(p)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
	7901 4th St N		
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersburg	33702	
he cha igent w vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members ales of organization or the operating agreement of the	aws of the State of the registered liability compar of the limited l	I office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Robins Janey	Robin Jone	
	ure of a member or authorized representative of a member		Printed or typed name of signee
provisi he obli o mere	oy accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, a Lin writing of this change.	c performance led för in Chapt	of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FHLING FEE; \$25.00

Signature of Registered Agent