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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pat@plcpartnerslc.com

LLC REGISTERED AGENT CHANGE

WEST 100 OXFORD 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. | Na | me of the limited liability company: West 100 Ox | ford LL | .C | | | | |
|-------------------------------|--|---|--|--|--|--|---|--------------------------------------|
| | (a) | | | | Mailing address of lir | nited liabili | tu colenn | A42- |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE F | | | |
| | | 343 Passage Lane | | 343 Pa | issage Lane | | | |
| | | Franklin, TN 37064 | _ | Frankli | n, TN 37064 | | | |
| | | August 28, 2014 | | L14000 | 135313 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document numb | ocr | | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of Patrick Chisholm Registered Office Address IMUST BE FLORIDA STREET, 2460 Forest Club Drive | | | nie: | | | |
| | | | 32804 | L | _ | | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered | | <u>-</u> . | _ | ALLAHASSI | 15 SEP 2 | , ** ; Y = y Y = y 370, p |
| | | Dean Mead Services, LLC | | | | SEE. F | | Salares |
| | | NEW Registered Office Address: | | | _ | <u> </u> | * | 1 1 1 |
| | | 800 N. Magnolia Avenue, Suite 1500 | | | _ | DAIE DAIE | 94:8 | O |
| | | Orlando , FL | 32803 | 3 | _ | > ' | Ο, | |
| the ag | cha ent v | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited list re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | vs of the the reg ability c of the lin limited | e State of Fi istered officer | ce and the business is hereby confirmed ity company or as ompany. | s office of | f the reg | gistered e(s) |
| 5 | ignat | ure of a member or authorized representative of a member | | | Printed or typed na | me of signer | | |
| I l pro the to no | nerel ovisi obli mere tifica | y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I i in writing of this dualige. | ree to ac perform d for in hereby c | t in this ca nance of in Chapter 61 confirm tha | pacity. I further a v duties, and I am j v5, F.S. Or, if this t the limited Itabili | gr ee to co lamiliar w document lty compai | mply w ith and its bein ny has l | ith the accept g filed Seen |
| By: Si | nelur | e of Registered Agent | | | | | | |
| Di | EAN | MEAD SERVICES, LLC | 20v. E27 | 7 - Tallak | 20000 TT 22214 | | | |
| | | Division of Corporations • P.O. I FILING F | | | 133CC, FL 3A314 | | | |

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