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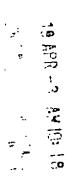
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations Sandcastle Management, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shelley Sturges Name of Person 5401 N. Central Expy., Suite 300 Firm/Company Address Dallas, TX 75205 City/State and Zip Code legal@associaonline.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Shelley Sturges** Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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: Sandcastle	e Management, Ll	LC
2. (a)	9150 Galleria Court	(b) 9150	Galleria Court
2 . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 201	Suite 20	01
	Naples, FL 34109	Naples,	, FL 34109
	8/11/2009	L160001	98166
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kelly, James		
()	Registered Agent and Registered Office shown on the records 9150 Galleria Court	of the Florida Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS _I	
	Naples	34109	— # (p ∵ }** * ***
(0).	C T Corporation System Enter name of NEW Registered Agent and/or NEW Register 1200 South Pine Island Road NEW Registered Office Address:	ed Office address:	
	Plantation, I	33324	-
the chai agent w was/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 at authorized by an affirmative vote of the members cles of organization or the operating agreement of the control	of the registered offic liability company, it s of the limited liabili ne limited liability con	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
<u> </u>	ure of a member or authorized representative of a member	Brian Kruppa	Attorney in fact Printed or typed name of signee
l hereb provision the oblition mere notified	ny accept the appointment as registered agent and a cons of all statutes relative to the proper and complete gations of my position as registered agent as providity reflect a change in the registered office address, in writing of this change. The first thing of the change of Registered Agent Howard L. Volz. Assistant Secretary	gree to act in this cap le performance of my led for in Chapter 60 I hereby confirm that	pacity - I further agree to comply with the