L9400000055

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(Address)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. KOHR

SEP 2 5 2009

EXAMINER

COVER LETTER

10.	Division of Corporations		
SUBJ		Commons Marketplace I L.C.	
	Na	me of Limited Liability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence conc	cerning this matter to the following:	
	Pamela Rush	<u> </u>	
	Name of Person	9 St.	DIVID ACP 23
	Kanan Realty Group	p, Inc.	\sim
	Firm/Company		7
			HILL
1	3506 Summerport Village Pa	rkway Suite 255	•
	Address		
	Windermere FL 34		
	City/State and Zip Code	;	
	nam ruch@hatmail	Loom	
E	pam.rush@hotmail mail address: (to be used for future annua	I report notification)	
For fu	rther information concerning th	is matter, please call:	
	Pamela Rush	at (407) 702-3116	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRES	SS: MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
•	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	i ananassee, Fiuniqa 52501		
	Enclosed is a check for the fo	ollowing amount:	
	\$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	Commons Marketplace I L.C.
2. (a) Principal office address of limited liability com	pany:
(Note: MUST BE STREET ADDRESS)	8000 Red Bug Lake Rd Oviedo FL 32765
(b) Mailing address of limited liability company:	13506 Summerport Village Parkway
(Note: MAY BE POST OFFICE BOX)	Suite 255 Windermere FL 34786
2/2/94	L9400000055
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Steve Leichner STP
Registered Office Address:	177 Longview Ave Celebration FL 34747
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	Pamela Rush
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13226 Zori Lane
	Windermere ,FL 34786
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company	he Florida street address of the registered office dentical. Or in the case of a Florida limited
Signature of a member or authorized representative of a member	
Rhonda J. Kanan	
Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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