L960W001358

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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B. KOHR

SEP 25 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ		Comm	ons Flo			
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Reg	ristered Offic	e Change	and fee	(s) are submitted for filing.	
						6
Please	e return all correspondence con	ncerning this	matter to	the foll	owing:	1
	Pamela Rus Name of Person	<u>ih</u>	· · · · · · · · · · · · · · · · · · ·	<u>.</u>		
	Kanan Realty Gro	up, Inc.			•	
1;	3506 Summerport Village P	'arkway Sui	te 255			
	Windermere FL 3 City/State and Zip Cod		,, · · · · · · · · · · · · · · · · · ·			
	nam rush@hotma	ail com				
E-	pam.rush@hotma mail address: (to be used for future ann	ual report notific	ation)			
For fu	rther information concerning	this matter, p	lease call	:		
	Pamela Rush	. at	(407)	702-3116	
	Name of Person			Area Code	& Daytime Telephone Number	
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ess:	Reg Div P.O	gistration vision of (). Box 63:	Corporations	
	Enclosed is a check for the	following a	mount:			
	\$25 Filing Fee	- G		5 Filing	Fee & Certified Copy	

INH\$18 (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 Florida I L.C.			
2. (a) Principal office address of limited liability comp	any:			
(Note: MUST BE STREET ADDRESS)	7975 Lake Underhill Road Orlando FL 32822			
(b) Mailing address of limited liability company:	13506 Summerport Village Parkway			
(Note: MAY BE POST OFFICE BOX)	Suite 255 Windermere FL 34786			
12/31/96	L96000001358			
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 OFF			
Registered Office Address:	177 Longview Ave Celebration FL 34747			
•				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	IEW Registered Office address:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13226 Zori Lane			
	Windermere ,FL34786			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.			
Signature of a member or authorized representative of a member				
Printed of typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability comp. Signstyre of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.			

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