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## Florida Department of State

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ALLAHASSEE, FLORIDA

### REGISTERED AGENT CHANGE

#### CLAY PLAZA INVESTORS, LLC

Certificate of Status	0
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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provide liability company submagent, or both, in the S	sions of sections 608.416 or 60 nits the following statement in c tate of Florida.	08.508, Florida Statutes order to change its regi	s, the undersigned limited stered office or registered
1. The name of the lim	ited liability company is: Clay P	laza Investors, LLC	
2. The mailing address	of the limited liability company	is: 506 Manchester Expre	essway, BS,
Columbus, GA 31904			
8/18/1997		L9700000907	
3. Date of filing/regista	ration in Florida	4. Document num	nber
5. The name of the regi	stered agent and the registered of State:	ffice address as shown o	on the records of the
	Capital Connection, Inc.		
	Name		
	417 E. Virginia St., Ste. 1 Addres	is	
	Tallabassee, FL 32301-1283		
	City, State a	nd Zip	発行して
6. The name and addres	ss of the new registered agent an	d/or office:	FILE DERPORATION
	C T Corporation System		門包里口
	Name		TP 9
	1200 South Pine Island Road		9 5
	Florida street address (P.O.	Box NOT acceptable)	DA DA
	Plantation FL 3	3324	V
	City, State and	d Zip	
confirmed that after the and the business office liability company, it is is the members of the limit the operating agreement	company is not organized under the change or changes are made, the of the registered agent will be iderably confirmed that the change ted liability company or as other tof the limited liability company or as entered in the limited liability company or as entered in the limited liability company or as entered representative of a member)	e Florida street address of entical. Or, in the case of e(s) was/were authorized wise provided in the art	of the registered office of a Florida limited I by an affirmative vote of
M. Ronald Cul	breth		
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, t address, I hereby confir Cli Corporation System	ointment as registered agent and ons of all statutes relative to the and accept the obligations of my finis document is being filed to an that the limited liability comp.  JOAN BOLDEN	d agree to act in this cap proper and complete pe position as registered a merely reflect a change any has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Ager	ASSISTANT SECRETAR	Y	
Divis	ion of Corporations, P.O. Box		32314
NH\$18(10/99)	FILING FEE	: \$25.00	