## 198000001281



ACCOUNT NO. : 07210000032

REFERENCE

: 374952

4344517

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: September 14, 1999

ORDER TIME : 9

9:49 AM

ORDER NO.

374952

CUSTOMER NO:

4344517

700002987437--0

CUSTOMER: Ms. Laura Saxon

Centex Corporation 2728 North Harwood Mailroom/no. 209 Dallas, TX 75201

CHANGE OF AGENT

L98-1281

NAME:

STUDENT COMMUNITIES GROUP,

L.C.

DIVISION OF CORPORATIONS

99 SEP 15 PM 1: 36

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CONTACT PERSON: Tamara Odom

Name
Availability

Document
Examiner

Updater

Perryer

Acknowledgement

W. P. Verifyer



## 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.

| agent, or both, in the sterre of 1   |   |   |  |  |
|--|---|---|--|--|
| 1. The name of the limited liability company is: The Student Communities Group, L.C.   |   |   |  |  |
| 2. The mailing address of the limited liability company is: P. O. Box 199000   |   |   |  |  |
| Dallas, Texas 75219-9000   |   |   |  |  |
| Dallas, Lonas Essay your   | <u> </u>  |   |  |  |
| July 30, 1999  | <del>-</del>  | ь98000001281  |  |  |
| 3. Date of filing/registration in  | Florida   | 4. Document number  |  |  |
|  | agent and the registered off  | fice address as shown on the recor  | ds of the                                      | •  |
|  | Corporation System  |   |  |  |
|  | Name  |   | •  |  |
| 1200 South Pine Island Road  |   |   | _  |  |
| Address  |   |   |  |  |
| Plantation, Florida 32301  |   |   | 99   | Ĭ,                                       |
| City, State and Zip  |   |   | SEP  | <u>860</u>                               |
| a mar 1 11 Cal annual state and an officer   |   |   |  | 圣泽                                       |
| 0. The hame and address of the new registered agent and/of office.   |   |   | 5  | YANT I                                   |
| Corr   | oration Service Company   |   | PM   | SCT.                                     |
| <del></del>  | Name  | s statistic materials s   |  | P (S                                     |
| 1201   | l Hays Street   |   | Timpag<br>_ dr gr                              | AT A                                     |
|  | orida street address (P.O. B  | ox NOT acceptable)  | .⊹<br>36                                       | ED<br>( OF STATE<br>ORPORATIONS          |
| •••  | (=  |   |  | S  |
| Tallahassee, FL 32301  |   |   |  |  |
| City, State and Zip  |   |   |  |  |
| •  |   |   |  |  |
| confirmed that after the chang<br>and the business office of the<br>liability company, it is hereby<br>a majority of the members of<br>organization or the regulations<br>By: Centex-Rooney Cons         | ge or changes are made, the registered agent will be confirmed that the change of the limited liability composite of the limited liability composite limited liability. | the laws of the State of Florida et Florida street address of the residentical. Or, in the case of a s) was/were authorized by an affinancy or as otherwise provided in pany. | egistered<br>Florida I<br>rmative v            | imited<br>ote of                         |
| (Signature of a thember or authorized rep  |   | <del></del> .   | ٠.   |  |
| (Signature of a memoer of authorized rep   | resentative of a member)  |   |  |  |
| Christy N. Metcalfe - Assistant Secretary (Printed or typed name of signee)  |   |   |  |  |
| I hereby accept the appointment of signer in the comply with the provisions of and I am familiar with and document is being filed to me the limited liability company has a company of Registered Agent) | ent as registered agent and fall statutes relative to the laccept the obligations carely reflect a chance in the as been notified in writing of                         | d agree to act in this capacity. I<br>e proper and complete performan<br>of my position as registered ag<br>e registered office address, I her<br>f this change.              | further a<br>ce of my<br>ent. Or,<br>eby confi | gree to<br>duties,<br>if this<br>rm that |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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