DOCU	ne ´ `		800000	1570		<u></u>	_								
FACILITY PARTNERS LLC								FILED							
Principal Place of Business Mailing Address									00 FEB -2 PN 2:57						
387 DEER POI CASSELBERRY	INTE CIRCLE	5	P.O.	P.O. BOX 196125 WINTER SPRINGS FL 32719-6125				SEGRETARY OF STATE TABLAHASSEE, FLORIDA							
Principal Place of Business .								ļ							
Suite, Apt.	#, etc		. Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State	e		City	City & State				4. FEI Number 59-3543701 Applied For Not Applicable							
Zip Country			Zip	Zip Coun			5	5. Certificate of Status Desired						litional	
	6. Name	and Address of	Current Register	ed Agent		NI	7	7. Name	and Add	ess of Ne	w Regis	tered A	gent		
SELBY, DALLAS L						Name Street Ac	Street Address (P.O. Box Number is Not Acceptable)								
387 DEER POINTE CIRCLE CASSELBERRY FL 32707						Jusel At		, DON INC		or recept					
CASSELBERRY FL 32/0/					City							FL	Zip Cod	e	
8. The above	named entity	submits this sta	tement for the purp	pose of changing i	ts registere	Led office or	registered	agent, o	r both, in t	he State c	f Florida.	<u></u>	1		
SIGNATURE .	Signature, typed	or printed name of regi	stered agent and title if ap	plicable. (NC	OTE: Registere	d Agent signatu	ire required whe	en reinstatin	g)			DATE			
	•	-		FILE N Make Check P		FEÈ IS \$! o Departn	,	tate				_			
9.		MANAGIN	IG MEMBERS/MEN	MBERS	10.					ADDITIC	NS/CH/	ANGES			
TITLE Name Street Address City-St-Zip	MGRM SELBY, DALLAS 387 DEER POINTE CIRCLE CASSELBERRY FL 32707					E Et address - 8t- zip			, 80	(1)  -();  **	131 2/03/ ****5	'UU~-	01108-	3 □ Addries -014 *50.00	
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indicated	on this repor bility compar	t is true and acc y or the receiver	plied with this filing urate and that my s or trustee empower	ignature shall have ered to execute this	e the same s report as	legal effect required b	ct as if mad	le under 608, Flor	oath; that ida Statute	iam a ma es.	anaging (	member	or manage	of the Ho7 Ho99	