199000000806

| (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:

L. SELLERS
AUG 2 5 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| • | | | | |
| | ST WASHINGTON, LLC | | | |
| Name of | Limited Liability Company | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning | g this matter to the following: | | | |
| | | | | |
| , | | | | |
| Gary Tharp Name of Person | | | | |
| | | | | |
| | | | | |
| Firm/Company | | | | |
| | | | | |
| 250 North Orange Avenue, Suit | re 1250 | | | |
| Address | | | | |
| • | | | | |
| Orlando, FL 32801 | | | | |
| City/State and Zip Code | | | | |
| | | | | |
| garytharp@gmail.com E-mail address: (to be used for future annual report | natification | | | |
| E-man address. (to be used for future annual report | notrication) | | | |
| For further information concerning this mat | ter, please call: | | | |
| | | | | |
| Gary Tharp | at (407) 206-0060 | | | |
| , Name of Person | Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | | | |
| Enclosed is a check for the followi | ng amount: | | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | |

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: | 14 EAST WASHINGTON, LLC | | | |
|---|--|--|---|-----------------------|
| ·2. (a) Principal office address of limited liability com | ıpany: | 105 E. Robi | inson St., Ste | ∍.540 |
| (Note: MUST BE STREET ADDRESS) | | | | |
| | Orlar | ndo, FL 32801 | | |
| (b) Mailing address of limited liability company: | | | | |
| (Note: MAY BE POST OFFICE BOX) | | | | |
| | | | | |
| August 18, 2010 | | L9990000 | 00806 | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown | n on the reco | ords of the Florida | Dept. of State | e: |
| Registered Agent: | Four | teen, LLC | | |
| Registered Office Address: | 14 Ea | 14 East Washington Street, Ste. 600 | | |
| , | Orlando, FL 32801 | | | |
| | | | | |
| (b) Enter name of NEW Registered Agent and/or | NEW Regi | istered Office add | <u>lress</u> : | |
| NEW Registered Agent: | <u>Gary</u> | Tharp | | |
| NEW Registered Office Address: | 250 N. Orange Avenue, Ste. 1250 | | | |
| (MUST BE FLORIDA STREET ADDRESS) | Orlan | ndo | ,FL <u>328</u> | 01 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as correctly or the appearance of the limited liability company or as correctly or the appearance of the limited liability company or as correctly or the appearance of a member. 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 member that the limited liability company confirm that the limited liability company confirm that the limited liability company. | he Florida s dentical. O ge(s) was/w otherwise pr pany. nd agree to | street address of the or, in the case of a larger authorized by rovided in the artic | e registered of Florida limite an allemative clessors and grant colors and grant clessors and grant colors and grant clessors are colors and grant clessors and grant clessors are colors and grant clessors are colors and colors and colors and colors and colors are colors and colors and colors and colors and colors are colors and colors and colors and colors and colors and colors are colors and colors and colors and colors are colors and colors and colors and colors are colors and colors and colors and colors and colors are colors and colors and colors are colors and colors and colors are colors and colors and colors and colors are colors and colors and colors and colors and colors are colors and colors and colors and colors are colors and colors and colors are colors and colors and colors and colors and colors are colors and colors and colors are colors and colors and colors are colors and colors and colors and colors are colors and colors and colors and colors are colors and colors and colors are | ffice d e vote cation |