## 19900002922

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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J. SAULSBERRY EXAMINER

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	ACCOUNT NO.	: 12000000	0195		
	REFERENCE	: 506217	7919530		
	AUTHORIZATION	· Lough pt			
	COST LIMIT	: (\$ 2500	ena		
ORDER DATE : ORDER TIME : ORDER NO. :					_
CUSTOMER NO:	7919530				
	CHANGE OF A	<u></u> <u>GENT</u>	·	- <b></b>	
NAME:	VERO RETIREME	NT ASSOCIATE	S,	2013 MAR - 1	7
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FI	LING:	THE THE	· ·
XX PLAIN	STAMPED COPY			AH & 42	****
CONTACT PERSO	N: Susie Knight	EXT# 5295	6		
		EXAMINER			

## \* 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: VERO RETIR	EMENT ASSOCIATES, LLC				
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	v: 7955 16th Manor Vero Beach, FL 32966				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10706 Sikes Place, Suite 200 Charlotte, NC 28277-8140				
05/18/1999	L99000002922				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:				
Registered Agent:	Donald O. Thompson				
Registered Office Address:	48 Osprey Village Drive Amelia Island, Fl 32034				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Corporation Service Company				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street				
	Tallahassee FL 32301				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)					
Deb Reeves, Authorized Person (Printed or typed name of signee)	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.				
By: Quene					
(Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Asst. VP  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18 (05/08)