

L99000005886

(Requ	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	'State/Zıp/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Docu	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer.	*

Office Use Only



700191978327

NOT HETERIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED

DEPARTMENT OF STATE

DIVISION OF COMPORATIONS

B. KOHR

EXAMINER





ON SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	
REFERENCE : 658447 4813078	. \
AUTHORIZATION: Spullelena 3	1 1
COST LIMIT : \$25.00	LEO LEO
ORDER DATE : January 28, 2011	K STATON
ORDER TIME : 9:52 AM	ñ
ORDER NO. : 658447-290	
CUSTOMER NO: 4813078	
CHANGE OF AGENT	
NAME: ARDC-OCALA 201, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Matthew Young EXT# 2962 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: ARDC-Ocala 201, LLC 2. (a) Principal office address of limited liability company: 1375 Buena Vista Drive (Note: MUST BE STREET ADDRESS) Lake Buena Vista, FL 32830 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L99000005886 09/20/1999 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Jeffrey H. Smith Registered Agent: 1375 Buena Vista Drive Registered Office Address: 4th Floor North ake Buena Vista. FL 32830 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Jeffrey S. Craigmile **NEW** Registered Agent: 1375 Buena Vista Drive **NEW** Registered Office Address: 4th Floor North (MUST BE FLORIDA STREET ADDRESS) Lake Buena Vista

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)

Marsha L. Reed

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: (Signature of Registrand Agent) Jeffrey S. Craigmile

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00