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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (8

· (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

CLARK RESIDENTIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	82
Estimated Charge	\$35.00

Washenie Wing View

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or a liability company submits the following statement in agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned is order to change its registered office or regi	limited istered
i. The name of the limited liability company is: CLA	ARK RESIDENTIAL, LLC	
2. The mailing address of the limited liability compar	ny is :	
7500 Old Georgetown Road, Bethesda, MD 20814		
Feb. 8,2001	M61000000319	
3. Date of filing/registration in Florida	4. Document number	
 The name of the registered agent and the registered Florida Department of State; 	office address as shown on the records of the	;
Corporation Service Company		
Nar	ne Brea	. 🔾
1201 Hays Street Addi		. Ç
Tallahassee, Florida 12301	Resa	نے:
City, State	and Zip	
The name and address of the new registered agent :	mid/or omge:	. <u> </u>
C T Corporation System		` :্ত
Name	79.5° 2.6°	ិ ខា
1200 South Pine Island Road		
Florida street address (P.C), Box NOT acceptable)	
Plantetion FL	33324	
City, State a	and Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the change members of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or subprized representative of a member)	the Florida street address of the registered offi identical. Or, in the case of a Florida limited sec(s) was/were authorized by an affirmative y	vote of
C. Neel Florning, Jr., Manager		
(Printed or typed name of signes)		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the statutes of th	ny position as registerea agent as provided for to merely reflect a change in the registered of apany has been notified in writing of this chai	ree to ities, r in fice ige.
Signature of Regiment Agent)	UP rsec.	
Division of Corporations, P.O. Bo	ox 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

TLOUS-PERMY C T System Called

INHS: 8(10/99)