## 

| Deborah L. Kriner<br>(Requestor's Name) |
|---|
| (Requestor's Name)                      |
| 5500 Village Blud steam                 |
| West Palm Beach Fl                      |
| (Address) 33407                         |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| AL!                                     |
|   |
|   |

Office Use Only



500008692435

11/05/02--01092--011 \*\*25.00

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

| Pursuant to the provisions of sections 6 liability company submits the following s   | 08.416 or 608.508. Florida Statutes the undersigned limited tatement in order to change its registered office or registered  BANYAN ESTATE HOMES INVITED LO  |
|--|--|
| agent, or both, in the State of Florida.   | BANYAN ESTATE HOMES MATERILO   |
|  | any is: BANYAN ESTATE HOMES LIMITED LLC  |
|  | ility company is: 100 SOUTH THIRD ST.  |
| COLUMBUS OH 43215  |  |
| 12/28/2001   | M01000002916   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. The name of the registered agent and the Florida Department of State:  BONNETTE,  | e registered office address as shown on the records of the   |
| · <u>-</u>   | Name   |
| 5500 VILLAG  | E BLVD., STE. 200  |
| WEST PALM  | Address BEACH FL 33407   |
| **************************************   | City, State and Zip  |
| 6. The name and address of the new regist  | ered agent and/or office:  |
| DEBORAH L.   | KRINER   |
| 5500 VILLAG  | Name<br>E BLVD., STE. 200  |
| Florida street a   | address (P.O. Box NOT acceptable)  |
| WEST PALM E  | BEACH FT. 33407  |
|  | City, State and Zip  |
| confirmed that after the change or changes<br>and the business office of the registered ag<br>liability company, it is hereby confirmed to | nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited nat the change(s) was/were authorized by an affirmative vote of ny or as otherwise provided in the articles of organization or ility company. |
| Agnature of a member or authorized representative of   | a member)  |
| James A. Rutledge, Authorized Repre  | sentative  |
| (Printed or typed name of signee)  | <u> </u>   |
| I hereby accept the appointment as registe   | ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in feing filed to merely reflect a change in the registered office liability company has been notified in writing of this change.         |
| (Signature of Registered Agent)  | ns. P.O. Box 6327 Tallahassee FL 32314   |

**FILING FEE: \$25.00**