0200000000000099

ACCOUNT NO. 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: January 30, 2002

ORDER TIME: 10:55 AM

ORDER NO. : 153763-005

4320758 CUSTOMER NO:

CUSTOMER: Anita Clavell, Legal Asst

Seyfarth Shaw Suite 700

1545 Peachtree Street, N.e.

Atlanta, GA 30309

CHANGE OF AGENT

NAME: RANCH LAKE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT#

EXAMINER:

400004844834

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.

agent, or both, in the State of Florida	ing statement in o i.	rder to change its re	gistered office o	r registered
1. The name of the limited liability c	ompany is: Rand	Ch Lake. IIC		
2. The mailing address of the limited			ae Poad MP Cost	·
Atlanta, GA 30326	JFJ	TO TO TO CHOILE	e-Road, NE, Suit	e 1500,
January 8, 2002		M0200000005	- 58	
3. Date of filing/registration in Floric	a	4. Document n	umber	
5. The name of the registered agent ar Florida Department of State:	d the registered of			of the
Agora D	evelopments, LLC			
	Name		- ''	
7400 Ba	ymeadows Way	<u> </u>		
	Address		<u> </u>	
Jackson	ville, FL 32256	d Zip	-4 (1/1/2	
6.77	City, State and	d Zip		
6. The name and address of the new re	gistered agent and/	or office:		02 JAN 30
			ELLANT OF SINIE	i en
Co_	rporation Servic	ce Company		FILED 30 PM
	Name			i y 🚆
Marida	1201 Hays Str	eet		PM 3: 2
FIORIGA STR	et address (P.O. Bo	ox NOT acceptable)	المحمد (الله) المحمد المحمد الله المحمد الله المحمد الله الله الله الله الله الله الله الل	្ត
Tallaha	essee Fr		D _F) <u>-</u>
	City, State and 2	32301	- =	
TCA 11 to 11 to 12		*		
If the limited liability company is not o confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme the members of the limited liability con the operating agreement of the limited! Signature of a member or authorized representative	agent will be ident of that the change(s ipany or as otherwitability company.	nomua street address	of the registered	office
William D. Brunstad, Attorney in Fac				
(Printed or typed name of signee)			- - -	-
I hereby accept the appointment as regionally with the provisions of all statute and I am familiar with and accept the of the provisions of all statute that I am familiar with and accept the of the provision of the statute of the limite of the statute of Registered Agent)	raura R	. Dunlap	pacity. I further of my refermance of my gent as provided in the registered writing of this cl	agree to duties, for in office vange.
	as its	agent		
Division of Corporat	ions, P.O. Box 632	27, Tallahassee, FL	32314	

FILING FEE: \$25.00