M0200001724

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REGENCY MANAGEMENT, INC., AMO®

ACCREDITED MANAGEMENT ORGANIZATION *

(334) 347-0049 (334) 393-9831 Fax P.O. Box 311132 • 531 Boll Weevil Circle Enterprise, Alabama 36331-1132

December 11, 2003

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE:

Regency Multifamily Services, LLC

Document # M02000001724

Gentlemen:

Please be advised that we would like to change our registered agent, effective immediately, to:

Bill Ware 1112 Channelside Drive Tampa, Florida 33602

Please don't hesitate to call me at 334-347-0049 if you have any questions or need additional information.

Sincerely.

Kathleen M. Ferrell



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 23, 2003

KATHLEEN M. FERRELL REGENCY MANAGEMENT, INC. PO BOX 311132 ENTERPRISE, AL 36331-1132

SUBJECT: REGENCY MULTIFAMILY SERVICES, LLC

Ref. Number: M02000001724

We have received your document for REGENCY MULTIFAMILY SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 803A00068458

Joey Bryan Document Specialist TOWN JAM 22 MAIN 100 AS AND AS



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Sincerely,

Kathleen M. Ferrell

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.

agen, or com, in the same of the tall.
1. The name of the limited liability company is: Regency MultiFamily Services, L
2. The mailing address of the limited liability company is: 105+ Office Box 311132
Enterprise AL 36331
7-2-02 3. Date of filing/registration in Florida MO2 COOO 1724 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Sue Blake Name HOW Dancing Cloud Ct. Address Destin FL 32541 City, State and Zip
6. The name and address of the new registered agent and/or office:
Bill Uare Name III2 Channel Side Dr. Florida street address (P.O. Box NOT acceptable) Tampa FL 33602 City, State and Zip
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)
Fathleen M Ferrell (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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

(Signature of Registered Agent)

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