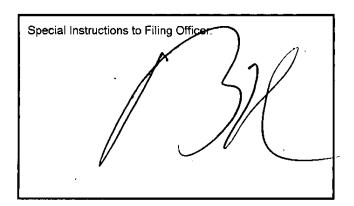
M0200000/869

	(Requestor's Name)				
	1				
	(Address)				
(Address)					
(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL			
	(Business Entity Name)	·			
(Document Number)					
Certified Copies	Certificates of	Status			



Office Use Only



500092294235



IGN SERVICE COMPANY.
ACCOUNT NO. : 07210000032
REFERENCE : 808068 7452534
AUTHORIZATION :
COST LIMIT : 525.00
ORDER DATE: March 19, 2007
ORDER TIME: 10:19 AM
ORDER NO. : 808068-295
CUSTOMER NO: 7452534
CHANGE OF AGENT
NAME: ORLANDO MOB OWNERS LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace
EXAMINER'S INITIALS:

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. The name of the limited liability company	is: ORLA	NDO MOB OWNERS LLC		
2. The mailing address of the limited liability				
420 South Orange Avenue, Suite 500, Orlando, FL 32	2801			
			·	
July 17, 2002	M020000001869			
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registered agent and the re Florida Department of State:	egistered of	ffice address as shown on th	records of the	
	表 26 1			
Name · SS 2				
420 South	 	enue, Suite 500	The Follow	
Address				
Orlando, FL 32801 City, State and Zip				
C.	ity, State at	iu Zip	D(L)	
6. The name and address of the new registere	d agent and	l/or office:		
Corpor	ration Service	Company		
	Name			
	201 Hays Str	······································		
Florida street add	ress (P.O. I	Box NOT acceptable)		
Tallahassee	, FL	32301	<u> </u>	
Cit	y, State and	l Zip		
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compared that or the operating agreement of the limited liab	e made, the t will be ide the change	e Florida street address of the entical. Or, in the case of a es.) was/were authorized by	e registered office Florida limited an affirmative vote	
(Signature of a member or authorized representative of a me	ember)			
Brian J. Muas: Authorized Person. (Printed or typed name of signee)	· -, /~,	1		
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab		d agree to act in this capaci proper and complete perfor position as registered agent nerely reflect a change in th any has been notified in writ	ty. I further agree to mance of my duties, as provided for in he registered office ting of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. V	D			

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