

M0200002777

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
ST. JOHNS 2 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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MAR 11 2013
EXAMINER

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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 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. Name of the limited liability company: ST. JOHNS 2 LLC

2. (a) Principal office address of limited liability company: 975 Keller Rd.

(Note: MUST BE STREET ADDRESS)

Altamonte Springs, Florida 32714

(b) Mailing address of limited liability company: 17216 Ceredo Pl

(Note: MAY BE POST OFFICE BOX)

Granada Hills, CA 91344

10/21/2002

3 Date of filing/registration in Florida

M02000002777

4. Document number

5 (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: HOWE, OSMOND

Registered Office Address: 2000 TOWERSIDE TERRACE

SUITE 402

MIAMI FL 33138-2223 LIS

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Business Filings Incorporated

NEW Registered Office Address: 515 E. Park Avenue.

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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.

Handwritten signature of Cathrine Ireland

Signature of a member or authorized representative of a member

Cathrine Ireland, Member

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.

Handwritten signature of Mark Williams

Signature of Registered Agent

Mark Williams, AVP, Business Filings Incorporated

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

FILING FEE: \$25.00

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