M02000003418

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |





800077642798

RECEIVED

06 JUL 25 AM 10: 42

01 JUL 25 AM 10: 42

FILED

6-JUL 25 AM 8: 34

ECRETARY OF STATE



ACCOUNT NO. : 072100000032

REFERENCE

7447138

AUTHORIZATION C

COST LIMIT

ORDER DATE : July 21, 2006

ORDER TIME : 9:46 AM

ORDER NO. : 259899-010

CUSTOMER NO: 7447138

CHANGE OF AGENT

NAME: GEORGIA VENTURE (FULTON), LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

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.

| agent, or both, in the sta | e of 1 to tua. | | | | |
|---|--|--|---|---|--|
| The name of the limited liability company is: GEORGIA VENTURE (FULTON), LLC | | | | | |
| 2. The mailing address o | f the limited liability | company is | : | | |
| 5600 Roswell Road, Suite 26 | 6, Prado North, Atlanta, C | SA 30342 | | | |
| | • | , | | · | |
| December 20, 2002 | | | M02000003418 | | |
| 3. Date of filing/registrat | tion in Florida | | 4. Document nur | nber | |
| 5. The name of the registr Florida Department of | | sistered offic | ce address as shown | on the records of the | |
| | And | drew Service (| Corp | | |
| | Name | | | -1 - | |
| | 201 North Franklin Street, Suite 2100 | | | | |
| | Address | | | | |
| | Tampa, FL 33602 City, State and Zip | | | | |
| | • | , , | • | SSS - I | |
| 6. The name and address | of the new registered | agent and/o | r office: | THO E | |
| Corporation Service Company | | | | | |
| Name | | | | | |
| 1201 Hays Street | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| | Tallahassee | FL | 32301 | · | |
| | City, | State and Z | ip | | |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author) | hange or changes are the registered agent were the registered agent were that the reby confirmed that the companit of the limited liability. | made, the F will be ident he change(s y or as othe ity company | lorida street address tical. Or, in the case) was/were authorize rwise provided in the | of the registered office of a Florida limited d by an affirmative vote | |
| Steven Schwinger | | | | | |
| (Printed or typed name of signee) | ı | | _ | | |
| Michelle | intment as registered is of all statutes relating discept the obligation this document is being that the limited liabil Michelle R. Vannoy, Asst | On | gree to act in this ca oper and complete po sition as registered a rely reflect a change y has been notified in | pacity. I further agree to erformance of my duties, agent as provided for in in the registered office a writing of this change. | |

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