## M03000000100

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ACCOUNT NO. : 072100000032

REFERENCE : 096894

AUTHORIZATION

5157322

COST LIMIT : \$ 25.00

ORDER DATE: May 16, 2003

ORDER TIME : 10:30 AM

ORDER NO. : 096894-010

CUSTOMER NO: 5157322

CUSTOMER: Leslie Wolfgang

Mid-america Apartments, L.p.

Suite 340

6584 Poplar Avenue Memphis, TN 38138

## CHANGE OF AGENT

NAME:

THE PRESERVE AT ARBOR LAKES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## 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	d liability company is:	THE PRESE	RVE AT ARBOR LA	KES, LLC		
2. The mailing address of	the limited liability co	mpany is: _				*
6584 Poplar Avenue	, Suite 300, Memph	is, TN 381	38			
	<del>-                                    </del>					
January 09, 2003	<del></del>	-	M03000000100	<u> </u>		
3. Date of filing/registrati	on in Florida		4. Document num	iber		
5. The name of the registe Florida Department of S	red agent and the regis State:	tered office	address as shown o	n the record	s of the	3
	C T Corp	oration Sy	rstem		,	
•		Name				
a para an an ana	1200 South		nd Road			
		Address	224			
		ion, FL 33 State and Zi				
6. The name and address of		•	_		• ,	
	Corporation	. Comica (	-		, 1	
	<del></del>	Name	Company	eren ⊤ta	t 2j	7 <del></del> :
		lays Street		; , , ,	7.3	
<del>=</del>	Florida street address	s (P.O. Box 1	NOT acceptable)		¥*	
	Tallahassee	FL	32301	- 	٠.	
-· <del>-</del>	City, S	tate and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authority).	nange or changes are method the registered agent with the confirmed that the disability company or a function of the limited liability confirmed the l	ade, the Flor Il be identica change(s) was otherwise ompany.	ida street address on the case of the case	of the registe of a Florida i by an affin	red of limited native	l vote of
Leslie Wolfgang, Auth (Printed or typed name of signee)	norized Representat	ive			•	
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative d accept the obligation his document is being t that the limited liabilit	gent and agr e to the prop s of my posit filed to mere ty company h	ee to act in this ca er and complete pe ion as registered a ly reflect a change as been notified in	pacity. I fur erformance of igent as prov in the regist writing of t	ther ag of my d vided fo ered o his chă	ree to uties, or in ffice inge.
(Signature of Registered Agent)	M. GULU					
/\ \ \ \ \ \ .	n of Corporations, P.			32314		
\frac{10/99}{10/99}	FILIN	IG FEE: \$2:	5.00			