Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070002264903)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-D380

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052 Phone

: (302)531-0855

Fax Number

: (866)223-0765

REGISTERED AGENT CHANGE

HIGHWOODS NON-ORLANDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



Ā

Sep. 11. 2007 2:16PM

Incorporating Services, LTD.

No. 5526 P. 2

(((H07000226490 3)))

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 liability company submits the following statement in or agent, or both, in the State of Fiorida.	3.508, Florida Statutes, the undersigned limited rder to change its registered office or registered	
1. The name of the limited liability company is: HIGHV	voods non-orlando, LLC	
2. The mailing address of the limited liability company		
RALEIGH NC 27804	•	
07/23/2003	M03000002469	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State: C T CORPORATION S Name 1200 SOUTH PINE ISLAI Address PLANTATION FL. 33324 I City, State at	ND ROAD 97	20 King Salah Sala
6. The name and address of the new registered agent and INCORPORATING SER Name 1540 GLENWAY DRIVE Florida street address (P.O. 1	WICES, LTD. co.	SKOLLYN 1688 FA 04 TIVIL TELL
TALLAHASSEE FL City State and	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(a) 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)

Jaffrey D. Miller

(Printed or typed name of signer)

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 standes relative to the proper and complete performance of my fulles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 503. F.S. Or, if this accument is being filled 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.

OSUME Solicity ASSISTANT Secretary

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

INHS 18 (8/05)