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(1	Requestor's Name)	
(/	Address)	
(,	Address)	
(City/State/Zip/Phone #)	. <u></u>
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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No. 7		
Space 1	Office Use Only	
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SECRETARY OF SECTOR



FILING REQUEST

April 21, 2004

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

THE PARK APARTMENTS, LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #14886 FOR \$25.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

MAPR 26 P 3: 04
SECRETARY OF STATE
TALL, HASSEE, FLOOR

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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 companŷ submi agent, or both, in the Sta	ts the following staten te of Florida.	nent in order to change its regis	tered o	ffice or	· registered
1. The name of the limit	ed liability company is	The Park Apartments, LLC			
		company is: 2040 Highland Ave.	South, S	uite 160	.00
Birmingham, AL 35205	•	, ,			
		MOZODOGGEE			
08/08/2003 M03000002655					
Date of filing/registra	ition in Florida	4. Document nun	ıber		
5. The name of the regist Florida Department of		istered office address as shown c	n the re	cords c	of the
	CT Corporation Syste	em			
		Name			
	1200 South Pine Islan				
	Disutation El 00004	Address			
	Plantation, FL 33324	y, State and Zip	Ž.	~	
. m	•	•			Challenge .
6. The name and address	of the new registered	agent and/or office:	HE HE	7004 APR	
	NRAI Services, Inc.		SS	R 26	E P. L.
		Name	7 0F	6	m
	526 E. Park Avenue			U	rmany
	Florida street address (P.O. Box NOT acceptable)			ىب	
	Tellahaanaa	pr 22201		1 0	
	Tallahassee	FL 32301			
	City,	, State and Zip			
confirmed that after the and the business office of liability company, it is h	change or changes are of the registered agent tereby confirmed that the ted liability company of the company of	d under the laws of the State of I made, the Florida street address will be identical. Or, in the case he change(s) was/were authorize or as otherwise provided in the ary company.	of the re of a Flo d by an	egistere orida lin affirma	ed office nited ative vote o
(Signature of a member or auth	orized representative of a mer	nber)			
Charles V. Welden, III (Printed or typed name of signs	ee)				
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confir NRAI Services, Inc.	pointment as registered ons of all statutes relationed accept the obligation of this document is being that the limited liab	l agent and agree to act in this ca tive to the proper and complete p ions of my position as registered by filed to merely reflect a change ility company has been notified i	ipacity. erforma agent as In the l n writin	I furth ince of s provid register g of thi	er agree to my duties, ded for in red office s change.
Sue Brodtmann, Asst. Se Divis	cretary sion of Corporations,	P.O. Box 6327, Tallahassee, FI	32314	Į.	

FILING FEE: \$25.00