## M0400002046

Office Use Only



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**EXAMINER** 





ION SERVICE COMPANY.
ACCOUNT NO. : 07210000032
REFERENCE : 527039 7454283
AUTHORIZATION Spelle man
COST LIMIT : \$ 25.00
ORDER DATE: April 13, 2008
ORDER TIME: 9:44 AM
ORDER NO. : 527039-515
CUSTOMER NO: 7454283
CHANGE OF AGENT
NAME: IPC FLORIDA III, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Cindy Harris

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.

1. The name of the limit	•	IPC FLORI	DA III, LLC	·	
2. The mailing address of	• •		c/o IPC Real Est	tate Management	
303 N. Hurtsborne P.					
05/26/2004		M0400002046			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the regist Florida Department of		stered office	address as shown o	on the records of the	
C T Corporation System					
Name					
1200 South Pine Island Road Address					
	City,	State and Zij	þ	PG B	
6. The name and address	of the new registered a	gent and/or o	ffice:	FILED 08 APR 24 PM	
	Service Company				
	1201	Name 01 Hays Street		EST ST	
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301	<b>7</b>	
		State and Zip			
If the limited liability conconfirmed that after the cand the business office o liability company, it is he	change or changes are not the registered agent w	nade, the Flor vill be identica e change(s) w	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited	

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)

Maureen Cullen, Authorized Person

(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.

(Signature of Registered Agent) Elizabeth A. Dawson, Asst. VP

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

INHS18 (8/05)