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EXAMINER



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EXAM



ACCOUNT NO. : 072100000032 REFERENCE : 323476 7617513 AUTHORIZATION COST LIMIT ORDER DATE: November 18, 2007 ORDER TIME : 10:14 AM ORDER NO. : 323476-100 CUSTOMER NO: 7617513 CHANGE OF AGENT NAME: SUMMIT PROPERTIES-BONIFAY, LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Doreen Wallace

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 liability company is:	SUMMIT PROPERTIES-BONIFAY, LLC	
2. The mailing address of the limited liability com	pany is:	
P.O. Box 891, Bryant, AR 72089-0891		
06/25/2004	M04000002526	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State: C T Corpo	red office address as shown on the records of the oration System	
. 1	Name 7.2 0	
1200 South Pine Island Road Address		
Plantation, FL 33324		
City, State and Zip		
6. The name and address of the new registered age	nt and/or office:	
Corporation Service Company		
1201 H	ays Street	
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL 32301	
City, Sta	te and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the conf	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.	
HONNA WHELLEY-BOWEN - A	ottorized verson	
(Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fill address, I hereby confirm that the limited liability	int and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. VP		
Sylvia Queppet, Asst. VP		

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

INHS18 (8/05)