## M0400004839

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B. KOHR
APR 2 3 2009
EXAMINER





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION : (

COST LIMIT

ORDER DATE: April 22, 2009

ORDER TIME : 2:28 PM

ORDER NO. : 949094-185

CUSTOMER NO: 5040795

CHANGE OF AGENT

NAME: TRAILS GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

SARR 22 IM 8: 15

## 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. Name of the limited liability company: TRAILS GI	P, LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 3801 Parkwood Blvd., Suite 100 & Frisco, TX 75034
(b) Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	P.O. Box 2529 Frisco, TX 75034
11/08/2004  3. Date of filing/registration in Florida	M0400004839 4. Document number
5. (a) Registered Agent and Registered Office shown on	7
Registered Agent:	C T Corporation
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  Walter Jaccarp	at address of the registered office and the business
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified or position services company.  By:  (Signature of Registered Agent) Amy Gudgel, Asst. V.P.	gree to act in this capacity. I further agree to Sper and complete performance of my duties, and I as registered agent as proyided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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