

Florida Department of State
Division of Corporations
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Division of Corporations
 Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
 RESTORE MANAGEMENT COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

12 NOV 26 PM 9:26

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B. BOSTICK

NOV 27 2012

EXAMINER

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: Restore Management Company, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

245 Cahaba Valley Parkway, Suite 200
Pelham, AL 35124

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

245 Cahaba Valley Parkway, Suite 200
Pelham, AL 35124

11/12/2004

3. Date of filing/registration in Florida

M04000004955

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Capitol Corporate Services, Inc.

Registered Office Address:

155 Office Plaza Dr.
Suite A
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(**MUST BE FLORIDA STREET ADDRESS**)

Plantation FL 33324

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(s) 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.

Robert M. Goodson, II 11/21/2012
Signature of a member or authorized representative of a member

Robert (Bobby) M. Goodson, II

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 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.

By: Michael Scraphin
Signature of Registered Agent Michael Scraphin Asst. Secretary

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

INHS18 (05/08)

FL-015 - 11/12/2010 CT System Online