## M05000004020

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document Number)	
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BK 12/11



ACCOUNT NO. : 072100000032  REFERENCE : 997351 7113721  AUTHORIZATION  COST LIMIT : \$ 25.00		
REFERENCE : 997351 7113721		
AUTHORIZATION Spellelener		
COST LIMIT : \$ 25.00		
ORDER DATE : July 12, 2007		
ORDER TIME : 9:59 AM		
ORDER NO. : 997351-485		
CUSTOMER NO: 7113721		
CHANGE OF AGENT		
NAME: SUNTRUST COMMUNITY DEVELOPMENT ENTERPRISES, LLC		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN, STAMPED COPY		
CONTACT PERSON: Joyce Markley		
BARNINGS STREET		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 liability company submits the following statemer	or 608.508, Florida Statutes, the undersigned limited at in order to change its registered office or registered of the community development.	
1. The name of the limited liability company is:	SUNTRUST COMMUNITY DEVELOPMENT	
	mpany is: 25 PARK PLACE 18TH FLOOR.	
ATLANTA, GA 30303		
07/15/2005	M05000004020	
3. Date of filing/registration in Florida	4. Document number	
<ol><li>The name of the registered agent and the regist Florida Department of State:</li></ol>	ered office address as shown on the records of the	
	oration System Name	
	Island Road Suite 250	
Plantati	on, FL 33324 State and Zip	
6. The name and address of the new registered ag		
<u>Corporation</u>	Service Company	
	Vame Varys Street  Variable Va	
	(P.O. Box NOT acceptable)	
Tallahaanaa	20201	
<u>Tallahassee</u> City, St	FL 32301 cate and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the	ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.	
Printed or typed name of signee)		
Lylva Jugget	tent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in tied to merely reflect a change in the registered office y company has been notified in writing of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. Vice President		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00**