M05000004/4/

(₭€	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	 e #)		
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PICK-UP	MAIT	MAIL		
				
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



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05/15/07--01013--007 **325.00

07 MAY 15 PM 12: 44

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 I	imited liability company	is: Haines City CPDC, LLC		,
		y company is: <u>5630 Banke</u>		Rouge, LA 70808 .
7/26/05		M0500000	04141	
3. Date of filing/reg	istration in Florida	4. Docum	nent number	
5. The name of the re Florida Departmen		egistered office address as	shown on the r	ecords of the
	CT Corporation Sys	stem		
		Name		
	1200 South Pine Isl		<u> </u>	
		Address		PSIVIS SEVI
	Plantation, FL 3333	24 ity, State and Zip		
				SECRETAR VISION OF C
6. The name and add	ress of the new registere	d agent and/or office:		O
	NRAI Services, Inc.			TI OF STATE OR PM 12: 44
	2731 Executive Park	Name Drive, Suite 4		ATTON
	Florida street add	ress (P.O. Box NOT accep	otable)	· 5
	Weston	FL 33331		
	Cit	y, State and Zip		•
confirmed that after tand the business office liability company, it is the members of the lithe operating agreem	he change or changes ar		address of the re	egistered office
C. Commonly Mandon &				
C. Cammack Morton, N (Printed or typed name of si				
I hereby accept the accomply with the provided in the provided	10Koll	d agent and agree to act in tive to the proper and com ions of my position as regi ng filed to merely reflect a bility company has been no	this capacity, plete performa stered agent as change in the intification writing	I further agree to mee of my duties, provided for in registered office g of this change.

FILING FEE: \$25.00

INHS18(10/99)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314