

M05000005265

(Requestor's Name)

(Address)

CERT-30.00

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

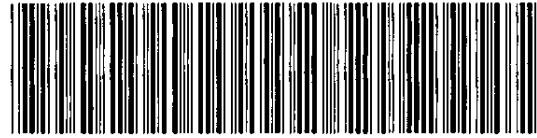
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OVERLAP  
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Office Use Only

**B. KOHR**  
SEP 21 2009  
**EXAMINER**



800160191378

09/16/09--01019--003 \*\*25.00

09/22/09--01001--006 \*\*30.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
09 SEP 16 AM 9:54

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 PM 1:17

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 09-15-2009

REF. #: 010001.110894

CORP. NAME: CIRCLE V DAYTONA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 PM 1:17

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |

OTHER: CHANGE OF AGENT

STATE FEES PREPAID WITH CHECK# 531753 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING  
 CERTIFICATE OF STATUS

PLAIN STAMPED COPY

Examiner's Initials

**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.

FILED STATE SECRETARY OF CORPORATIONS 09 SEP 16 PM 1:17

1. Name of the limited liability company: Circle V Daytona, LLC

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  
945 Front Street  
Novato, CA 94945


(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  
 \_\_\_\_\_  
 \_\_\_\_\_

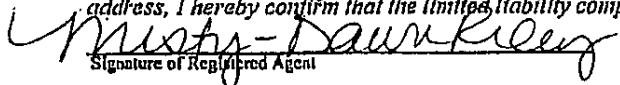
9/23/05 3. Date of filing/registration in Florida M05000005265 4. Document number

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

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: National Corporate Research, Ltd., Inc.  
NEW Registered Office Address: 515 East Park Avenue  
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

  
 Signature of a member or authorized representative of a member  
William A. Smith  
 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 hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  
  
 Signature of Registered Agent

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