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Division of Corporations

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: C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

SM PARTNERS ORLANDO ONE, LLC

	# 35.00
Estimated Charge	\$35.00
Page Count	02
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

MOV 1:0 2008

HeIEXAMINER

## / 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:	SM Partners Orlando One, LLC
	bility company: 401 PENNSYLVANIA PARKWAY
(b) Mailing address of limited liability of the control of the con	NDIANAPOLIS IN 46280
9/27/2005	M05000005363
3. Date of filing/registration in Florida	4 December - Services
5. (a) Registered Agent and Registered Of	fice shown on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC. 2
Registered Office Address:	2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331
(b) Enter name of NEW Registered Ag	ent and/or NEW Registered Office address:
NEW Registered Agent:	CT Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation,FL_33324
that after the change or changes are made, it office of the registered agent will be identically confirmed that the change(s) was/we	zed under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the member)
Ryan N. Kenigsberg, Attorney in Fact (Printed or typed name of signee)	
comply with the provisions of all statutes ret am familiar with and accept the obligations F.S. Or, if this document is being filed to me confirm that the limited liability company he C T Corporation System By: Samantha Ic	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change.
(Signature of Registered Agent) Assistant Soci	
Division of Corporati	ions, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)