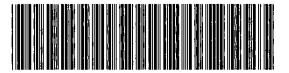
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(Re	questor's Name)		
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ALL AHASSEF FLORIDA

OH 3/12

COVER LETTER

Division of Corporations	
SUBJECT: Hibiscus Boulevard 17, LLC	
(Name of Limited	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Jose Castellanos (Name of Person)	
Charles Baclet and Associates, Inc. (Firm/Company)	08 MAR -5 SECRETARY TALLAHASSE
2030 Main Street, Suite 1031 (Address)	
Irvine, CA 92614	PH 1:03
(City/State and Zip Code)	•
For further information concerning this matter, ple	ase call:
Jose Castellanos at (S	949 955-9585 (Area Code & Daytime Telephone Number)
(Number 1 disen)	(The code & Bayanie Telephone (Valueer)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee INHS18 (8/05)	\$55 Filing Fee & Certified Copy

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 limited liability company is	Hibiscus Boulevard 17, LLC	·		
2. The mailing address of the limited liability of	company is : 101 North Main Street	Suite 1203		
Greenville, SC 29601				
10/11/2005	M05000005710			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
Corporation Service C				
	Name			
1201 Hays Street	Address			
Tallahassee, FL 3230		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
City	, State and Zip	5 9 ₹		
6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name				
o. The name and address of the new registered	agent and/or office.	SEASON TO THE		
NRAI Services, Inc.				
	Name			
2731 Executive Park D	Drive, Suite 4	D 1:03		
Florida street addre	ss (P.O. Box NOT acceptable)	D 1: 03 STATE FLORIDA		
Weston	FL 33331			
City, State and Zip				
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 mem	nber)			
See Attached (Printed or typed name of signee)	annut and agree to get in this ag-	acity. I fouther acres to		
I hereby accept the appointment as registered comply with the provisions of all statutes relational I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable NRAI Services. Inc.	agent and agree to act in this cap ive to the proper and complete per ons of my position as registered ag I filed to merely reflect a change i lity company has been notified in Jose Castellanos, Asst			
(Signature of Registered Agent)				
Jose Castellands Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (8/05)

Executed on: <u>Jehnany 5</u>, 2008.

HIBISCUS BOULEVARD 17, LLC A Delaware limited liability company

By:

Ann G. Turner, Sole Member

OBMAR -5 PH 1:03