## M05000005965

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TO ACKNOVILEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE DIVISION OF CORPORATION OF CORPORATION

B. KOHR
JUL - 3 2008
EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 636424 4803460

AUTHORIZATION

COST LIMIT : U\$\25.00

ORDER DATE : July 3, 2008

ORDER TIME : 1:18 PM

ORDER NO. : 636424-010

CUSTOMER NO: 4803460

## CHANGE OF AGENT

NAME: JETA GROVE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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.

1. The name of the limited liab	ility company i	s: <u>Jeta Gr</u>	ove, LLC	•	
2. The mailing address of the I	imited liability	company is	: clo The Colony (	Group	
			Two Atlantic Ave	nue, Boston, MA 02110	
October 25, 2005			M05000005965		
<ol><li>Date of filing/registration in</li></ol>	Florida	4. Document number			
5. The name of the registered a Florida Department of State:	gent and the reg	istered offi	ce address as shown	on the records of the	
	Cheryl L. Ch		au		
	780 Fifth Ave	Name	h Suite 200	- 0	
	700 1 1111 7170	Address	ii, daile 200	P B	
	Naples, FL 3	4102			
	·	, State and	•	表 3 三	
6. The name and address of the	new registered	agent and/o	or office:	FILED  08'JUL -3 PM 4: 15  FALLAHASSEE, FLORIG	
	Corporation	Service	Company	四级上	
	4004.1	Name			
Eler		Hays Stre	x NOT acceptable)		
LIOI	ida sireel addre	ss (r.O. Bo	x NOT acceptable)		
Ta	llahassee	FL	32301		
	City,	State and 2	lip		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby coff the members of the limited librather perating agreement of the	or changes are r gistered agent w onfirmed that th ability company e limited liabili	nade, the F vill be iden e change(s y or as othe ty company	lorida street address	of the registered office	
Signature of a member or authorized repr	esentative of a memb	per)			
Michael J. Nathanson, Ma	nager		<b></b>		
Printed or typed name of signee)					
I hereby accept the appointmen omply with the provisions of al and I am familiar with and acce Chapter 608, F.S. Or, if this do address. I hereby confirm that th	t as registered a statutes relative of the obligation cument is being the limited liabili	ngent and a ve to the pro ns of my po filed to me ty compan	gree to act in this ca per and complete po sition as registered o rely reflect a change v has been notified ir	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.	
Signature of Registered Agent)	renecz	my			
	ornorations P	.O. Box 63	27, Tallahassee, FL	32314	

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