M0500000826

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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D. BRUCE
APR 2 5 2012
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 178784

7878309

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 24, 2012

ORDER TIME : 10:27 AM

ORDER NO. : 178784-062

CUSTOMER NO: 7878309

CHANGE OF AGENT

NAME: NHC-FL107, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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.

| in the Blate of Florida. | | |
|---|--|--|
| 1. Name of the limited liability company: NHC-FL107, | LLC | |
| (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: | y: c/o National Home Communities 6991 E Camelback Road, Suite B-310 Scottsdale AZ 85251 c/o National Home Communities | |
| (Note: MAY BE POST OFFICE BOX) | 6991 E Camelback Road, Suite B-310 Scottsdale AZ 85251 | |
| 12/09/2005 | M05000006826 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | C T Corporation System | 。 Page 15 and |
| Registered Office Address: | 1200 South Pine Island Road Planation FL 33324 | 777 |
| | rianation FL 33324 (5) | 2 4 |
| | m _e | 4 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> | W Registered Office address: | = |
| NEW Registered Agent: | Corporation Service Company | 23 |
| NEW Registered Office Address: | 1201 Hays Street | |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. Maure Cathely | et address of the registered office and the busin ase of a Florida limited liability company, it is by an affirmative vote of the members of the lin | ess nited |
| (Signature of a member or authorized representative of a member) | _ | |
| Maureen Cathell, Authorized Person (Printed or typed name of signee) | _ | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified | gree to act in this capacity. I further agree to oper and complete performance of my duties, a as registered agent as provided for in Chapter change in the registered office address, I hereb I in writing of this change | ind I · 608, iy |
| By: (Signature of Registered Agent) Corporation Service Company 1 | M Harby | |
| (Signature of Registered Agent) Cornoration Service Company | Grace F. Kirby, Asst. Vice President | S |

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

INHS18 (05/08)