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To:

Division of Corporations

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From:

Account Name CHARLES BACLET AND ASSOCIATES INC

Account Number :

120080000054 (949) 955-9585

(800) 562-6504

REGISTERED AGENT CHANGE

TIC VILLAGE SQUARE 1, LLC

Certificate of Status	0
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MAR - 6 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

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.	Nan	ne of the limited liability company: TIC VILLAG	E SQUARE 1, LLC				
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	/: 2 North Tamiami Trail Suite 308 Serasota, Ft. 34236				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
1/	12/20	006	M06000000192				
3.	Dat	c 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:	National Corporate Research, Ltd	., Inc.	F-3		
		Registered Office Address:	515 East Park Avenue		109 MAR	ranget;	
			Tallahassee, FL 32301	ASSE ASSE	-5	A STATE OF THE STA	
	(b)	Enter name of NEW Registered Agent and/or NEV	W Registered Office address:	OF S			
		NEW Registered Agent:	NRAI Services, Inc.	<u> </u>	<u> </u>	··-·, ··	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive	ŞM	12		
		(MODI WALL DO AND	Weston ,I	L 3333	1		
th of he	at af Tice	imited liability company is not organized under the ter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of	et address of the registered office ase of a Florida limited liability of ov an affirmative vote of the men	and the company nbers of t	busine , it is the lin	ss nited	

limited liability company.

(Signature of a member or authorized representative of a member)

Nick Rhodes, Authorized Person (Printed or typed name of signee)

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 auties, and I am lamiliar 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

José Castellanos, Asst. Secretary

(Signature of R

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