

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : I20080000054 Phone : (949)955-9585

Fax Number

: (800) 562-6504

REGISTERED AGENT CHANGE

TIC VILLAGE SQUARE 4, LLC

Certificate of Status	O MATERIAL OF THE HELD HAS BEEN AND THE WAS T
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EXAMINER

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Corporate Filing Menu

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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. N	lar.	ne of the limited liability company: TIC VILLAG	E SQUARE 4, LLC
2. (a)		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r: 2 North Tamiami Trail Suite 308
			Sarasota, FL 34236
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2/6/2	200	06	M06000000662
3. [)at	e 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.
		Registered Office Address:	515 East Park Avenue
			Tallahassee, FL 32301
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		NEW Registered Agent:	NRAI Services, Inc.
		NFW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Park Drive Suite 4
			Weston ,FL 33331 ···
that offici here liab	afi by lit	imited liability company is not organized under the left 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 liability company.	t address of the registered office and the business
(Sign	atur	to of a member in authorized representative of a member)	
·			
		nodes, Authorized Person or typed name of signec)	_
I he com am j F.S. conj	re ply an C	by accept the appointment as registered agent and a with the provisions of all statutes relative to the pro alliar with and accept the obligations of my position or, if this document is being filed to merely reflect a c in 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, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
	_	Jose Castellanos, Ass	

INHS18 (05/08)

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