

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

: CHARLES BACLET AND ASSOCIATES INC Account Name

Account Number : I20080000054 Phone : (949)955-9585 : (800)562-6504 Fax Number

REGISTERED AGENT CHANGE

TIC VILLAGE SQUARE 5, LLC

Certificate of Status	O STATE OF THE PERSON NAMED OF THE PERSON NAME
Certified Copy	0
Page Count	01
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T. HAMPTON

MAK - 6 2009

EXAMINER

INHS18 (05/08)

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	ame of the limited liability company: IIC VILLAG	E SQUARE 5, LLC
2. (a) Principal office address of limited liability comp		
	(Note: MUST BE STREET ADDRESS)	Suite 308 Sarasota, FL 34236
		Signature: 1 E STESS
(t	b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	(Miles Marie Barrows Control Barrows)	
2/6/2		M06000000663
3. D	ate of filing/registration in Florida	Document number
5. (he records of the Florida Dept. of State:	
	Registered Agent:	National Corporate Research, Ltd., Inc.
	Registered Office Address:	515 East Park Avenue
		Tallahassee, FL_32301
(l	o) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
	NEW Registered Agent:	NRAI Services, Inc.
	NEW Registered Office Address:	2731 Executive Park Drive
	(MUST BE FLORIDA STREET ADDRESS)	Suite 4 Weston .FL 33331
that office here liabi limit	e limited liability company is not organized under the lafter the change or changes are made, the Florida street e of the registered agent will be identical. Or, in the caby confirmed that the change(s) was/were authorized b lity company or as otherwise provided in the articles of the company.	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited
Nick	Rhodes, Authorized Person ted or typed name of signec)	-
I he com am f F.S. conf	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the pro- amiliar with and accept the obligations of my position Or, if this document is being filled to merely reflect a c irm that the limited liability company has been notified Jose Castellano	gree to act in this capacity. I further agree to per and complete performance of my duties, and I say registered agent as provided for in Chapter 608, hange in the registered office address, I kerebe in writing of this change.
(Silpa	sture of Registered Agent)	and the control of th

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

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