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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: 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 6, LLC

Certificate of Status	O CONTRACTOR DESCRIPTION OF THE PROPERTY OF TH
Certified Copy	0
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T. HAMPTON

MAK - 6 2009

EXAMINER

3/4/2009 2:24 PM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FÖR 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. Name of the limited liability con	mpany: TIC VILLA	GE SQUARE 6, LLC	
2. (a) Principal office address of 1 (Note: MUST BE STREE	imited liability compared <i>TADDRESS</i>)	ny: <u>2 North Tamiami Trail</u> Suite 308 Sarasota, FL 34236	
(b) Mailing address of limited l (Note: MAY BE POST O	liability company: FFICE BOX)		
2/6/2006 3. Date of filing/registration in Flo	prida :	M06000000664 4. Document number	
5. (a) Registered Agent and Regi			ent of State:
Registered Agent:	istered Office snown o	National Corporate Research	•
Registered Office Address:		515 East Park Avenue	
Registered Office Address.	•	Tallahassee FL 32301	
		Tallariassee, FL 32301	<u> </u>
(b) Enter name of NEW Regis	tered Agent and/or N	EW Registered Office address	<u>98</u> :
NEW Registered Agent:		NRAI Services, Inc.	
<u>NEW</u> Registered Office A (MUST BE FLORIDA ST	ddress: ' <u>REET ADDRESS)</u>	2731 Executive Park Drive Suite 4	
		Weston	,FL <u>33331</u>
If the limited liability company is that after the change or changes ar office of the registered agent will learn the change (liability company or as otherwise limited liability company.	es escudo eleo biloerdo etr	eat addrace at the registered of	Mice and the highness
(Signature of a member of authorized represe	ntative of a member)	<u> </u>	
Nick Rhodes, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment of comply with the provisions of all sam familiar with and accept the of F.S. Or, if this document is being confirm that the limited liability confirms of Register (Sent)	us registered agent and tatules relative to the policy to	I agree to act in this capacity. proper and complete performa on as registered agent as provi a change in the registered officied in writing of this change os, Asst. Secretary	I further agree to my duties, and I move of my duties, and I lided for in Chapter 88, ce address, I he is to the control of th
Division of (Corporations, P.O. B FILING FE	ox 6327, Tallahassee, FL 323 EE: \$25.00	₹ 290 c
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