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Division of Corporations

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From:

: CHARLES BACLET AND ASSOCIATES INC Account Name

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

Fax Number : (800)562-6504

REGISTERED AGENT CHANGE

TIC VILLAGE SQUARE 12, LLC

Certificate of Status	C C C C C C C C C C C C C C C C C C C	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu G. MCLEOD

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Help

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.

١.	I. Name of the limited liability company: TIC VILLAGE SQUARE 12, LLC			
2. (a)		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2 North Tamiami Trail Suite 308	
		Sarasola, FL 34236		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2/	6/200	06	MD6000000677	
			1. 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.	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4	
		MACS A STATE A	Suite 4 Weston FL 33331	
th of he lia lin	at af fice reby bilit nite	limited liability company is not organized under the I ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	address of the registered office and the business are of a Florida limited liability company, it is	
(Si	gnatu	re of a member or julhorized representative of a member)	•	
(P	rinted	hodes, Authorized Person I or typed name of signee)	•	
I co m F.	here inpl n fai S. (infiri	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro niliar with and accept the obligations of my position or, if this document is being filed to merely reflect a c m that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in Writing of this change.	
		Jose Castellanos, /	ASSI, Secretary	

INHS18 (05/08)

HOd 010/215-503

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