Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

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

AM 8:100 OF STATE E.FLORIDA

REGISTERED AGENT CHANGE

TIC VILLAGE SQUARE 14, LLC

Certificate of Status	O CONTRACTOR CONTRACTO
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE

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Corporate Filing Menu M. THOMAS

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MAR - 6 2009

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. Name of the limited liability company: TIC VILLAGE SQUARE 14, LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2 North Tamiami Trail Suite 308 Sarasota, Ft. 34236	
(t	o) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
<u>2/6/2</u>	2006 Pate of filing/registration in Florida	M06000000680 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	
(l	b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
	NEW Registered Agent:	NRAI Services, Inc.	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston,FL_33331	
that offic here liabi	c limited liability company is not organized under the after the change or changes are made, the Florida street of the registered agent will be identical. Or, in the copy confirmed that the change(s) was/were authorized lity company or as otherwise provided in the articles could liability company.	et address of the registered office and the business	
	nure of a number of authorized representative of a member)	D9 MAR SECREI IALLAHA	
Nick (Prin	Rhodes, Authorized Person ed or typed name of signee)	-5 SSEE	
	reby accept the appointment as registered agent and coly with the provisions of all statutes relative to the pramiliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a firm that the limited liability company has been notified. Jose Castellanos,	ngree to act in this capacity. I further agree to be open and complete performance of my duffer and to as registered agent as provided for in Capacit of the change in the registered office address, Amely of this change. Asst. Secretary	
<(Sign	ature of Registered Agent)		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			
INHS	H 09 000	10512253	