

Division of Corporations
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Division of Corporations

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From:

Account Name Age: COT CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

COLE CY ORLANDO FL, LLC

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ASSEE, FLORIDA

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7/24/2007

CT CORP

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81:51 7002/22/78

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

 	Pursuant to the provision liability company submit agent, or both, in the Stat	s the following statem	6 or 608.508, ent in order to	Florida Statutes, the change its registere	e undersigned limite ed office or registere	d d	
	1. The name of the limited liability company is: Cole CV Orlando FL, LLC						
	2. The mailing address of the limited liability company is:						
	2555 B. Camelback Rd. Sts. 400, Phoenix, AZ 85016					•	
	3/2/06	M06000001268					
	3. Date of filing/registrat	ion in Florida	_	. Document number	•	•	
	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:						
		NRAI SERVICES, INC.		<del></del>			
,		526 EAST PARK AVE.	Name				
		No. Philips	Address				
		TALLAHASSEE FL 323	01 State and Zip				
	6. The name and address	•	•	ice:			
<u> </u> 	O. 1 Ho millio and address	-	•		•		
			rporation System Name				
			Pine Island Rose	<u> </u>	, ,		
•	The state of the s	Florida street addres	s (P.O. Box NO	OT acceptable)	- ~	and the section of th	
		Plantation	FL	33324	ALL SEG SEG		
		City,	State and Zip	,, , , ,			
A CONTRACTOR OF THE CONTRACTOR	If the limited liability con- confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement	nange or changes are n the registered agent we reby confirmed that the nited liability company	nade, the Florid ill be identical. e change(s) was or as otherwis	a street address of the Or, in the case of a s/were authorized by	registered office Florida limited an affirmative vote icles of organization	Contract Con	
	(Signature of a member of author	zed rencerentative of a memb	er)				
					•••	the state of the state of	
	Maria Ozaeta, Attorney-in-Fac (Printed or typed name of signed)	for John M. Pons, Exec V	<u>P </u>				
	I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or. If address, I hereby confirm	intment as registered as of all statutes relative decept the obligation his document is being that the limited liabili oration System	gent and agree e to the proper is of my positio filed to merely ty company has	to act in this capaci and complete perfor nas registered agen reflect a change in to s been notified in wri	ity. I further agree to rmance of my duties, as provided for in, he registered office iting of this change.		
•	(Signature of Registered Agent)	<del>***                                  </del>	<del></del>				
	Divisio	n of Corporations, P. FILIN	O. Box 6327, 'G FEE: \$25.0	-	314	·	
:	INHS18 (8/05)						

PAGE 02/02

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