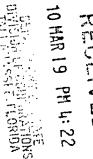
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(Re	questor's Name)		
(Address)			
(Ad	dress)	 	
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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B. KOHR

MAR 2 2 2010

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE :

7100061

AUTHORIZATION

COST LIMIT :

ORDER DATE: March 19, 2010

ORDER TIME : 2:46 PM

ORDER NO. : 322411-065

CUSTOMER NO: 7100061

CHANGE OF AGENT

NAME: DISCOVERY AG PELICAN POINTE,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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. Nam	ne of the limited liability company: Discovery A	AG Pelican Pointe, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Sonita Springs, FL 34134
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3301 Bonita Beach Road, Suite 208 Bonita Springs, FL 34134 M06000004028
	•	AR AR
07/20	/2006	M06000004028
3. Date	of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	C T Corporation System
	Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) 1	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
	NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street
		Tallahassee ,FL 32301
that after office of hereby of liability limited	liability company.	aws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited f organization or the operating agreement of the
(Signature	a plember or authorized representative of a member)	
•	Joy S. Goldman r typed name of signee)	-
I hereb comply am Jami F.S. Or confirm By: J		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.
	of Registered Agent) Dawn Frantz, Asst. Secretary Division of Corporations, P.O. Box	6327. Tallahassee. FL 32314

FILING FEE: \$25.00

INHS18 (05/08)