MU60000004063

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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MAR 2 2 2010

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 322411

7100061

AUTHORIZATION]

COST LIMIT

ORDER DATE: March 19, 2010

ORDER TIME : 2:44 PM

ORDER NO. : 322411-045

CUSTOMER NO: 7100061

CHANGE OF AGENT

NAME:

DISCOVERY ASTON GARDENS

VENTURE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ 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. Name of the limited liability company: Discovery Aston Gardens Venture, LLC | | |
|---|---|--|
| 2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | y: 3301 Bonita Beach Road, Suite 208 Bonita 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 | |
| 07/20/2006 | M06000004063 4. Document number the records of the Floride Part of States | |
| 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) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>Corporation Service Company</u> | | |
| NEW Registered Office Address: | 1201 Hays Street | |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | | |
| Joy S. Goldman (Printed or typed name of signee) | · . | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. By: (Signsture of Registered Agent) Dawn Frantz, Asst. Secretary | | |
| Division of Corporations P.O. Boy 6327 Tallahussee FL 32314 | | |

FILING FEE: \$25.00

INHS18 (05/08)