M06000005859

(Re	equestor's Name)	
(Ad	ldress)	
	•	
(Ad	ldress)	
(
		- 10.
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
		•
(Bu	siness Entity Nan	ne)
·	·	·
(Do	cument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	
· •		
i -		
·		
		.]
<u></u>		





900094410819

03/22/07--01047--015 **25.00

SECKETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MRS of Hilton Head. LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Linde L. Rew (Name of Person)
MRS of Hilton Head, LLC
(Firm/Compatty)
PO Box 5511
(Address)
Hilton Head Island, SC 2993B
(City/State and 2ip Code)
For further information concerning this matter, please call:
Linda L. Rev 21 (843) 757-9889
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy
INH318 (8/05)

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

liability company submits agent, or both, in the State	s of sections 608.416 or 608.508, the following statement in order to of Florida.	, Florida Statutes, the undersigned limited or change its registered office or registered	
1. The name of the limited	l liability company is: MRS of H	illzon Head, LLC	
2. The mailing address of	the limited liability company is: P	20 Box 5511	
Hilton Head Island,			
10/02/0004		V050040474F0	
3. Date of filing/registration	on in Florida	M06000005859 4. Document number	
5. The name of the register Florida Department of S	ed agent and the registered office a tate:	address as shown on the records of the	
	Frederick A. Miller	TASE 07	
	Name	F9 🚆	
	61 Woodland Drive, Apt.	#101 圣二 岁	٦
	Address	P.S. 22	アートト
_	Vero Beach, FL 32962-372 City, State and Zip	5 SA	ŗ
	City, State and Zip	· Sing 要	τ
6. The name and address of	f the new registered agent and/or of	HAR 22 AM 10: 04 LAHASSEE, FLORID 5 ffice:	
_	David Chellini	골든 오	•
_	Name		
_	12258 Deersong Drive		
•	Florida strest address (P.O. Box N	OT acceptable)	
		218	
	City, State and Zip		
and the business office of the liability company, it is here	inge or changes are made, the Plori he registered agent will be identical by confirmed that the change(s) we ted liability company or as otherwi- of the limited liability company.	is of the State of Florida, it is hereby ida atreet address of the registered office. 1. Or, in the case of a Florida limited as/were authorized by an affirmative vote is provided in the articles of organization.	
Linda L. Rew (Frinted or typed name of signes)			
	iment as registered agent and agre of all statutes relative to the proper accept the obligations of my positic accept the obligations of my positic acceptance is being filed to merely at the limited limbility company ha	te to act in this capacity. I further agree to a und complete performance of my duties, on as registered ugent us provided for in a registered office as hern notified in writing of this change.	
(Signature of Registered Agent)			
Division	of Corporations, P.O. Box 6327, FILING FEE: \$25.0	•	

INH\$18 (8/05)