MU60U0006726

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DIVISION OF CORPORATION
2010 AUG 17 PN 1: 5

B. KOHR

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EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 480026 7782044

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ORDER DATE: August 16, 2010

ORDER TIME: 12:08 PM

ORDER NO. : 480026-051

CUSTOMER NO: 7782044

CHANGE OF AGENT

NAME: WCA OF ST. LUCIE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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: WCA OF S	T. LUCIE, LLC				
 (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) 	Houston, Tx. 77056				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
12/06/2006	M06000006726				
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:	Capitol Corporate Services, Inc.				
Registered Office Address:	155 Office Plaza Drive, Suite A Tallahassee, FL 32301				
(b) 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				
(MUST BE PLUKIDA STREET ADDRESS)	Tallahassee ,FL 32301				
If the limited liability company is not organized under the that after the change or changes are made, the Florida streetheat entered that the change of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member of authorized representative of a member)	case of a Florida limited liability company, it is				

Blanca Lozada, Authorized Person (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 statutes 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.

Corporation Service Company

By:

(Signature of Registered Agent) Sylvia Queppet, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**