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| (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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SEUNCH STEEL FLORIDA

B. BOSTICK
OCT 18 2011
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| | K CENTRE 6, LLC ed Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this r | matter to the following: |
| Josie Sorensen Name of Person | |
| | ŢΑ |
| InCorp Services, Inc. Firm/Company | ALLAHASSEE |
| rimbCompany | |
| | The same of the sa |
| 2360 Corporate Circle · Suite 400 | go |
| Address | |
| | |
| | PHIZ: 19 |
| Henderson, NV 89074-7722 | |
| City/State and Zip Code | |
| | |
| | |
| E-mail address: (to be used for future annual report notificate | tion) |
| | |
| For further information concerning this matter, ple | ease call: |
| | |
| Josie Sorensen at | (800) 246-2677 |
| Name of Person | Area Code & Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | Tumunassee, 1 1011da 52517 |
| Enclosed is a check for the following am | nount: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |
| | |

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.

| "A TO THE STATE OF | |
|--|---|
| l Name of the limited liability company: | TIC PARK CENTRE 6, LLC |
| 2. (a) Principal office address of limited liability com | pany: |
| (Note: MUST BE STREET ADDRESS) | 1601 Belvedere Road, #200-E |
| | West Palm Beach, FL 33406 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | 1601 Belvedere Road, #200-E |
| | West Palm Beach, FL 33406 |
| 02/13/2007 | M0700000834 |
| 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: | WOJNAR, MARK J |
| Registered Office Address: | 1601 Belvedere Road, #200-E |
| | West Palm Beach, FL 33406 |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | InCorp Services, Inc. 17888 67th Court North |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Loxahatchee ,FL33470 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company. | de Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote of the provided in the articles of organization. |
| Maria A Olivas | |
| Printed or typed name of signee | S S S S S S S S S S S S S S S S S S S |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the did I amfamiliar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, Thereby confirm that the limited liability compound the compound of | nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. |
| Division of Corporations, P.O. Box | 6327, Tallahassee, FL 32314 |
| FILING FEE | : \$25.00 |