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PORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 971604 7500544

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: January 22, 2014

ORDER TIME : 9:11 AM

ORDER NO. : 971604-005

CUSTOMER NO: 7500544

CHANGE OF AGENT

NAME: CHATSWORTH AT PGA NATIONAL,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 605.0114, 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.

JOIN,	in the state of 1 tortaa.		
1. Na	ame of the limited liability company: Chatsworth at PG	BA National, LLC	· · · · · · · · · · · · · · · · · · ·
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	347 HIATT DR PALM BEACH GARDENS, FL 3	3418
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2701 N. ROCKY POINT DRIVE, TAMPA, FL 33607	SUITE 1160
02/21	/2007	M07000001003	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept.	of State:
	Registered Agent:	SHP MANAGEMENT SERVICE	S, HiC
	Registered Office Address:	2701 N. ROCKY POINT DRIVE TAMPA, FL 33607	SUPPLIED NAME OF A PAGE OF
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address: Corporation Service Company 1201 Hays Street	3 AM II: NO
	MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301
confi and t liabil the n the o	elimited liability company is not organized under the larmed that after the charge of changes are made, the Fine business office of the registered agent will be ident ity company, it is horeby confirmed that the change(s) nembers of the limited liability company or as otherwiperating agreement of the limited liability company.	lorida street address of the regi	stered office
- 6-	uno of a mamber or authorized representative of a member		
	erald F. Doherty dortyped name of signee	-	
I her comp and I Chap addr By:	reby accept the appointment as registered agent and a solv with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my pooter 605? F.S. Or, if this document is being filed to me ess, thereby confirm that the limited liability company ture of Registered Agent Corporation Service Company	gree to act in this capacity. If oper and complete performance sition as registered agent as parely reflect a change in the regy has been notified in writing of the complete	further agree to e of my duties, rovided for in istered office f this change.

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

INHS18 (12/13)