## M0700000/842

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

T. CLINE

APR 2 3 2008

**EXAMINER** 

523 West 6th Street, Suite 544 Los Angeles, CA 90014 888-600-9540 213-452-4470 213-452-4472 FAX ATTN: Richard Arthur

Via FedEx: 4/21/2008

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

[ ] Advance Fees [ X ] Check Attached \$25.00

Re: University Village Florida, LLC

Please file the attached Statement of Change and return a stamped filed copy in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. If you have any questions or comments, please do not hesitate to contact our office at 888-600-9540.

Sincerely,

Richard Arthur

ORDER #: L040491

2008 APR 22 AM 10: 59
SECRETARY OF STATE

## 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. The name of the limit	ed liability company	is:			
	UNIVERSIT	Y VILLAGE FLORI	DA, LLC		
2. The mailing address o 10877 Wilshire Blvd. Suite					
03/29/07			M0700001842		
3. Date of filing/registration in Florida		$\overline{4}$	4 Document number		
5. The name of the register Florida Department of		egistered office ad	dress as shown on	the records of the	
•	Register	ed Agent Solution	s, Inc.		
		Name			
155 Office Plaza Drive		<u> </u>	TAS ZEI		
Addres		Address			
Tallahassee, FL 33201			유유구		
	Ci	ity, State and Zip		ZZ 2	
6. The name and address	of the new registered	d agent and/or off	ice:	2008 APR 22 AM 10: 59 SECRETARY OF STATE TALLAHASSEE FLORID	
	National Cor	porate Research,	Ltd., Inc.	FES	
		Name		25 ° 5	
		ast Park Avenue	_ <del></del>	DE 9	
	Florida street addı	ress (PO Box <b>NO</b>	T acceptable)		
	Tallahassee	FL	32301		
	City	y, State and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her of the members of the lin or the operating agreement.	nange or changes are the registered agent reby confirmed that nited liability compa	e made, the Florid t will be identical. the change(s) was iny or as otherwise	a street address of Or, in the case of s/were authorized b	the registered office a Florida limited by an affirmative vote	
(Signature of a member or authori	zed representative of a me	ember)			
FR	RI S. KROH				
(Printed or typed name of signee)	u o, mon				
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if to address, I hereby confirm	ntment as registered s of all statules rela d accept the obligati his document is beir That the limited liab Mus) Richard P	<b>.</b>	_	icity. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.	

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