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EXAMINER

March 23, 2012

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: <u>LBA-GSA Dade City, LLC</u>

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

Patti Hernández

REGISTERED AGENT SOLUTIONS, INC.

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. N	ame of the limited liability company:	LBA-GSA DADE CITY,	LBA-GSA DADE CITY, LLC		
2. (a) Principal office address of limited liability cor	mpany:	any:		
	(Note: MUST BE STREET ADDRESS)	2733 ROSS CLARK DOTHAN AL 36301	CIRCLE		
(b) Mailing address of limited liability company:				
	(Note: MAY BE POST OFFICE BOX)				
	02/06/2008	M080000	00638		
3. D	ate of filing/registration in Florida	4. Document number			
5. (8	a) Registered Agent and Registered Office show	on the records of the Florida	Dept. of State:		
	Registered Agent:	C T CORPORATION	SYSTEM		
	Registered Office Address:	1200 SOUTH PINE IS	SLAND ROAD		
		PLANTATION FL 333	324 US		
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent:	r NEW Registered Office add			
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A Tallahassee	,FL 32301		
confi and the liabil of the or the Signatu	limited liability company is not organized under med that after the change or changes are made, he business office of the registered agent will be ity company, it is hereby confirmed that the chare members of the limited liability company or as experating agreement of the limited liability confirmed that the chare operating agreement of the limited liability confirmed that the limited liability confirmed that the provisions of all statutes relative to the amount of the limited liability confirmed that the limited liability	ar the laws of the State of Florice the Florida street address of the identical. Or, in the case of a nge(s) was/were authorized by otherwise provided in the artice and agree to act in this capacity he proper and complete performy position as registered agent to merely reflect a change in the mpany has been notified in writerial and the state of the stat	da, it is hereby the registered office Florida limited an affirmative vote cles of organization AR 30 AM 10:55		
Signat	ure of Registered Agent Art Flores, Asst. Sec	;.			

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