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DEPARTMENT OF STATE OF STATE OF CORPORATION

B. KOHR

SEP 3 0 2010

EXAMINER

DIVISION OF CORPORATION



REFERENCE : 522063 7796244

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 27, 2010

ORDER TIME : 12:08 PM

ORDER NO. : 522063-009

CUSTOMER NO: 7796244

CHANGE OF AGENT

NAME: SAFEGUARD PROPERTIES, 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 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:	SAFEGUARD REAL ESTATE PROPERTIES, LLC
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD)	ability company: 7887 Safeguard Circle RESS Valley View, OH 44125
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)	ability company: 7887 Safeguard Circle Valley View, OH 44125 company: 800X
04/16/2008	M08000001831
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered O	ffice shown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Registered Ag	ent and/or NEW Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS) 1201 Hays Street Tallahassee ,FL 32301
office of the registered agent will be identic hereby confirmed that the change(s) was/we	ized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the member)
Blanca Lozada, Authorized Person (Printed or typed name of signee)	
	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change. Asst. VP

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