## M08000002706

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

N. Outiligen JUL 23 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-095

Re: FL HUD BAYSIDE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

2		
1. Name of the limited liability company: FL HUD BA	YSIDE, LLC	
2. (a) Principal office address of limited liability com ( <i>Note: MUST BE STREET ADDRESS</i> )	pany: 4343 Landley Avenue Pensacola, FL 32504	ALE
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502	FILED NIASSEE F
06/09/2008	M08000002706	
3. Date of filing/registration in Florida	4. Document number	37 DA
5. (a) Registered Agent and Registered Office showr	on the records of the Florida	Dept. of State:
Registered Agent:	Capitol Corporate Service	s, Inc.
Registered Office Address:	155 Office Plaza Dr., Suite Tallahassee, FL 32301	e A
(b) Enter name of <u>NEW Registered Agent</u> and/or		
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Tallahassee	,FL_32301
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he Florida street address of the identical. Or, in the case of a lige(s) was/were authorized by a terwise provided in the articles	e registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con Corporation Service Company	ind agree to act in this capacit ne proper and complete perfori ny position as registered agent o merely reflect a change in th npany has been notified in writ	ty. I further agree to mance of my duties, as provided for in he registered office ting of this change.

By: Augus Axan
Signature of Registered Agent
Elizabeth A. Dawson, Asst. Vice President

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