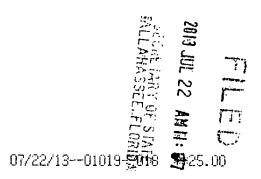
4M080000002715

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: A. LUNT			
'JUL 2 3 2013			
A. LUNT			

Office Use Only



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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#: 714327-211

Re: NF BRYNWOOD, 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

ABORE LATEY 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. Name of the limited liability company: MF BRY	NWOOD, LLC		
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: 1658 S. Jefferson Street Monticello, FL 32344	y: 1658 S. Jefferson Street Monticello, FL 32344	
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502	7019 JUL	
06/09/2008	M08000002715	\$22 P	
3. Date of filing/registration in Florida	4. Document number	THE STATE OF THE S	
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida l	Dept. of Stere:	
Registered Agent:	Capitol Corporate Services		
Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301		
(b) Enter name of NEW Registered Agent and NEW Registered Agent:	or NEW Registered Office add		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	1201 Hays Street		
MOST BE TECHNOTISTIBET TIPOTEES	Tallahassee	,FL <u>32301</u>	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	e, the Florida street address of the be identical. Or, in the case of a F ange(s) was/were authorized by a otherwise provided in the articles	registered office lorida limited	
Dona Priebe, Authorized Person Printed or typed name of signee			
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of Corporation Scryice Company By: Hank Akan	nt and agree to act in this capacity the proper and complete perforn f my position as registered agent d to merely reflect a change in the company has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.	

Signature of Registered Agent
Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

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