M08000002726

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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SEGRETARY OF STATES
FALLAHASSEE, FLORDA

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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#: 714327-181

Re: MF FLAGLER, 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.

| 1. Name of the limited liability company: MF FLAGLE | R, LLC | | |
|---|---|---|--|
| 2. (a) Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS) | oany: <u>300 Dr. Carter Blvd.</u> Bunnell, FL 32110 | | |
| | | | |
| (h) Mailing address of limited lightlity commonly | 2 North Palafox Street | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | Pensacola, FL 32502 | | |
| | | <u> </u> | |
| | | | |
| 06/09/2008 | M08000002726 | | |
| 3. Date of filing/registration in Florida | 4. Document number | 会装 〒 | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida D | Dept. of State: 8 | |
| Registered Agent: | Capitol Corporate Services | , Inc. | |
| Registered Office Address: | 155 Office Plaza Dr., Suite | A | |
| <u> </u> | Tallahassee, FL 32301 | | |
| | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or | NEW Registered Office addr | ess: | |
| <u>NEW</u> Registered Agent: | Corporation Service Compa | any | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | | |
| | Tallahassee | ,FL <u>32301</u> | |
| If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | te Florida street address of the dentical. Or, in the case of a Flecs) was/were authorized by an erwise provided in the articles of | registered office orida limited | |
| Dona Priebe, Authorized Person Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of me Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability components of Service Company By: Under Aran | nd agree to act in this capacity e proper and complete perform y position as registered agent of merely reflect a change in the pany has been notified in writing | . I further agree to ance of my duties, as provided for in registered office ng of this change. | |
| Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Bo | x 6327, Tallahassee, FL 3231 | 4 | |
| FILING FEI | E: \$25.00 | | |
| INHS18 (05/08) | | • | |