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SECRETARY OF STATE

G. HARVEY
AUG 3 0 2010
EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 8/25/2010 FLORIDA

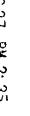
REP UNIT:

SF BOYNTON, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19702 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 SECRETARY OF STATE





COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SF BOYNTON, LLC Name of Limit	ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:	SEC TALL)) 5
Myra Homer Name of Person		SECRETARY ALLAHASSE) gradual
Capitol Services Registered Agent	<u>Depart</u> ment	PA 2: 33 OF STATE E. FLORID	مصر و
800 Brazos, Suite 400		<i>ن</i> ۳۰۰	3
Austin, Texas 78701 City/State and Zip Code			
E-mail address: (to be used for future annual report notifica	tion)		
For further information concerning this matter, pl	lease call:		
Myra Homer at (800 345-4647 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following an	nount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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: SF BOY	NTON, LLC			
2. (a) Principal office address of limited liability comp	7000 Vanhus Cantau Mau	TASE SE		
(Note: MUST BE STREET ADDRESS)	Boynton Beach, FL 33437	CRETA CAHAS		
(b) Mailing address of limited liability company:	2 North Palafox Street	SEE SY D		
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502	77.5		
	<u></u>			
6/9/2008	M08000002734	<u>></u>		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of	State:		
Registered Agent:	National Corporate Research, Ltd., Inc.			
Registered Office Address:	515 East Park Avenue			
	Taliahassee Florida	32301.		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Capitol Corporate Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A			
(MUST BE FLURIDA STREET ADDRESS)	Tallahassee , FL	32301		
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp	e Florida street address of the registere lentical. Or, in the case of a Florida lings was/were authorized by an affirm	ed office nited		
Signature of a member or authorized representative of a member				
Enc Roth Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I furth proper and complete performance of i position as registered agent as provid merely reflect a change in the register vany has been notified in writing of this	er agree to ny duties, ed for in ed office s change.		
Signature of Registered Agent Delanie Case, Asst. Se behalf of Capitol Corpo	ecretary on			

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