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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(2)	. F. W. M.	
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:	
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SECRETARY OF STAIL DIVISION OF CORPORATIONS

JUL 2 3 2013

T. HAMPTON



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#: 714327-351

Re: SF GLEN OAKS, 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. N	Name of the limited liability company: SF GLEN	OAKS, LLC				
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)		mpany: 1100 Pine Street Clearwater, FL 33756	ny: 1100 Pine Street Clearwater, FL 33756			
(l	b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502				
	09/2008	M08000002736				
3. D	Date of filing/registration in Florida	4. Document number				
5. ((a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. o	f State:			
	Registered Agent:	Capitol Corporate Services, Inc.		_		
	Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301	<u>ਤ</u>	OSIVI		
		Taliana 3500, T C 3250 T	1 22	25		
				-837		
()	b) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered Office address:	3	- 중국(- 중국(
	NEW Registered Agent:	Corporation Service Company	_ <u>::</u>	<u> </u>		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	-	SHO		
	MUST BE FLORIDA STREET ADDRESS]_ 32301			
conf and liabi the r the c	re limited liability company is not organized undefirmed that after the change or changes are made the business office of the registered agent will be ility company, it is hereby confirmed that the changements of the limited liability company or as operating agreement of the limited liability company	, the Florida street address of the registe e identical. Or, in the case of a Florida l inge(s) was/were authorized by an affirm therwise provided in the articles of orga	red offi imited native v	ote of		
	attace of a member or authorized representative of a member					
	na Priebe, Authorized Person led or typed name of signee					

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