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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#: 714327-313

Re: SF FOUNTAINHEAD, 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

FILE L

## 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.

Ŷ	•		
1. Name	e of the limited liability company: SF FOUNTAINHE	EAD, LLC	
	rincipal office address of limited liability company (Note: MUST BE STREET ADDRESS)	390 N.E. 135th Street North Miami, FL 33161	
(b) M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502	
06/09/20	108	M08000002738	<b>2913</b>
3. Date	of filing/registration in Florida	1. Document number	验旨工
5. (a) I	Registered Agent and Registered Office shown on the	he records of the Florida D	Dept. of State:
	Registered Agent:	Capitol Corporate Services	, lnch siz
F	Registered Office Address:	155 Office Plaza Dr., Suite Tallahassee, FL 32301	APP CONTRACTOR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> NEW Registered Agent:	V Registered Office addr	
	NEW Registered Office Address:	1201 Hays Street	
Ī	MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301
confirme and the l liability the mem the oper	nited liability company is not organized under the lated that after the change or changes are made, the Flousiness office of the registered agent will be identicompany, it is hereby confirmed that the change(s) above of the limited liability company or as otherwise ating agreement of the limited liability company.  of a member or authorized representative of a member	orida street address of the cal. Or, in the case of a Fl was/were authorized by a	registered office lorida limited n affirmative vote of
Printed or	iebe, Authorized Person typed name of signee	-	
I hereby comply and I am Chapter address, Corpor By:	y accept the appointment as registered agent and a with the provisions of all statutes relative to the pro- n familiar with and accept the obligations of my po- tion of the bound of the second of the second Liberary confirm that the limited liability company ation service Company	gree to act in this capacity per and complete perform sition as registered agent of rely reflect a change in the has been notified in writi	t. I further agree to lance of my duties, as provided for in registered office ng of this change.
<u> </u>	C.D.		

Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

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