M08000002740

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



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SECRETARY OF STATE

- SECRETARY OF ST

JUL 23 2013 J. BRYAN



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#: 714327-317

Re: SF OAKBROOK, 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. C. P. P. LE LEE	201/110			
1. Name of the limited liability company: <u>SF OAKBRO</u>	OOK, LLC			
2. (a) Principal office address of limited liability comp	any: 250 Broward Avenue			
(Note: MUST BE STREET ADDRESS)	LaBelle, FL 33935			
		<u>, 8</u>		
(b) Mailing address of limited lightlity company	2 North Palafox Street	三部 四		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502			
Title: MIT BE TOST OF TEE BON		# N T		
		55 70 M		
06/09/2008	M08000002740	Ma Z r		
3. Date of filing/registration in Florida	4. Document number	70 70		
		97		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:		
De data and Annua.	Canital Carnarata Saniaa	77		
Registered Agent:	Capitol Corporate Service	es, inc.		
Registered Office Address:	155 Office Plaza Dr., Suite	e A		
	Tallahassee, FL 32301			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office add	lress:		
<u>NEW</u> Registered Agent:	Corporation Service Com	Corporation Service Company		
NEW Registered Office Address:	1201 Hays Street			
(MUST BE FLORIDA STREET ADDRESS)	,			
	Tallahassee	,FL 32301		
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	e Florida street address of the dentical. Or, in the case of a e(s) was/were authorized by crwise provided in the articles	e registered office Florida limited		
Dona Priebe, Authorized Person Printed or typed name of signee				
I hereby accept the appointment as registered agent ar 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 Corporation Service Company	nd agree to act in this capaci e proper and complete perfor v position as registered agen o merely reflect a change in the pany has been notified in wri	ty. I further agree to mance of my duties, tas provided for in the registered office ting 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