## #1108000002742

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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K.SALY EXAMINER JUL 2 4 2013



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#: 714327-323

Re: SF SALERNO, 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.

OUCA.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: SF SALERN	NO, LLC		
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 4801 S.E. Cove Road Stuart, FL 34997	15 13 U	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502	SEC 1	
06/09/2008	M08000002742	SE 5	
3. Date of filing/registration in Florida	4. Document number	7	
5. (a) Registered Agent and Registered Office shown	n on the records of the Florid	a Dept. of State:	
Registered Agent:	Capitol Corporate Service	Capitol Corporate Services, Inc.	
Registered Office Address:	155 Office Plaza Dr., Su Tallahassee, FL 32301	ite A	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:			
NEW Registered Agent:	Corporation Service Cor	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			
	Tallahassee	,FL_32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he Florida street address of t identical. Or, in the case of a ge(s) was/were authorized by erwise provided in the article	he registered office a Florida limited y an affirmative vote of	
Dona Priebe, Authorized Person Printed or typed name of signec	<del></del>		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comporation service Company  By: A. J.	and agree to act in this capac ne proper and complete perfo ny position as registered age o merely reflect a change in npany has been notified in wi	sity. I further agree to ormance of my duties, nt as provided for in the registered office riting 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