M08000005063

Florida Department of State
Division of Corporations
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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
MCDONALD LEEVISTA D, LLC

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OCT 31 2014
T. CARTER

October 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MCDONALD LEEVISTA D, LLC
*FAX FILE**DEAN, MEAD, EGERTON, BLOODWOR
BUILDING 200 STE700
ATLANTA, GA 30327

SUBJECT: MCDONALD LEEVISTA D, LLC
REF: M08000005063

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The entity name and document number on the application do not match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000247755
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P.O BOX 6327 – Tallahassee, Florida 32314

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: McDonald LeeVista D, LLC

2. (a) 3715 Northside Pkwy NW Bldg 200
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 700
Atlanta, GA 30327

(b) 3715 Northside Pkwy NW Bldg 200
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 700
Atlanta, GA 30327

3. 11/17/2008
Date of filing/registration in Florida

4. M08000005063
Document number

5. (a) Brent Albertson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
37 North Orange Avenue
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Orlando FL 32801

(b) Dean Mead Services, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
800 N. Magnolia Ave.
NEW Registered Office Address:
Suite 1500
Orlando FL 32803

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X _____
Signature of a member or authorized representative of a member

X John R. McDonald
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: _____
Signature of Registered Agent
Vicki L. Berman, Vice President

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

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