M09000002333

(Requestor's Name)							
(Address)							
(Address)							
(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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SEPRETARY OF STATE

MAR 25 2014 T CLINE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: March 21, 2014

Order#: 056710-004

Re: FDG C39 FL GAINESVILLE 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: Lindsey Lockard 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 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.	Na	me of the limited liability company:	FDG C39 FL GA	INESVILLE LLC		
2.	(a)	2855 Le Jeune Road		(b)		
	(-)	Principal office address of limited li (Note: MUST BE STREET A			Mailing address of limit (Note: MAY BE PO	
		Coral Gables	FL 33134			
		06/18/2009		M0900	0002333	
3.		Date of filing/registration in	n Florida	4.	Document number	r
5.	(a)	C T CORPORATION SYSTEM				
	(4)	Registered Agent and Registered Office sho	wn on the records of th	he Florida Dept. of S	State:	2011 ST TAL
	,	1200 SOUTH PINE ISLAND ROAL			50 基 "	
		Registered Office Address (MUST BE F	DDRESS)	2014 HAR 24 F		
		PLANTATION	, FL_	33324		PH 1:5
	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and 1201 Hays Street NEW Registered Office Address:	or <u>NEW Registered (</u>	Office address:	_	
		Tallahassee	, FL_	32301		
the ag wa	e cha ent w s/we	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a ere authorized by an affirmative vote cles of organization or the operating	street address of t Florida limited lial of the members of	the registered of bility company, the limited liab	fice and the business of it is hereby confirmed ility company or as otl	office of the registered that the change(s)
		12/2		Dona Priebe	, Authorized Person	
- 5	Signat	turs of aember or authorized representative	of a member		Printed or typed name	of signee
pri the to	ovisi e obli mere	by accept the appointment as register ons of all statutes relative to the proj igations of my position as registered ly reflect a change in the registered I in writing of this change.	red agent and agre per and complete p agent as provided office address, I h	ee to act in this c performance of n for in Chapter t ereby confirm th	apacity. I further agr ny duties, and I am far 505, F.S. Or, if this do at the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Si	gnatui	re of Registered Agent Corporation Ser	vice Company	BY: Grace E. l	Kirby, Asst VP	

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