MOG0000389

(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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07/18/13--01022--019 **25.00

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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 16, 2013

Order#: 717956-042

Re: HOVSITE CATALINA 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

2013 JUL 18 AM ID: 00

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: HOVSI	TE CATALINA LLC
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)	company: 3601 Quantum Boulevard Boynton Beach FL 33426
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ny: 3601 Quantum Boulevard Boynton Beach FL 33426
10/01/2009	M0900003891
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	d/or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	1201 Hays Street Tallahassee ,FL 32301
and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or as the operating agreement of the limited liability cor	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of sotherwise provided in the articles of organization or
Signature of a member or authorized representative of a member Dona Priebe, Authorized Person Printed or typed name of signec	
-	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change. ———————————————————————————————————
- Corporation service Cor	upany Apin Huuson, Asst V F

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