

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000274303 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

W1'	Address:			
cmall.	ADDITHEST:			



## LLC REGISTERED AGENT CHANGE SSTI 4950 N DIXIE HWY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. BRYAN

DEC 23 2010

EXAMINER

## COVER LETTER

SUBJECT: SSTI 4950 N DIXIE HWY, LLC  Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Name of Person  Name of Person  Address  ChyState and Zip Code  proathews@weelle.us  E-mail address (as be used for fature sumust report notification)  For further information concerning this matter, please call:  at (	TO: Registration Section Division of Corporations		
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Name of Person  Address  City/State and Zip Code  pmatthews@usclio.us  B-mill address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Ciffon Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:	DODDIEGI.		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Name of Person	Name of	Limited Liability Company	
Please return all correspondence concerning this matter to the following:    Name of Person   Pirm/Company   Pi	Dear Sir or Madam:		
Pim/Company  Address  City/State and Zip Code  pmathews@uscilic.us  B-mail address: (to be used for future sumual report notification)  For further information concerning this matter, please call:  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:	The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for	r filing.
Plant/Company  Address  City/State and Zip Code  promathews@uselle.us  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at	Please return all correspondence concerning	this matter to the following:	
Plant/Company  Address  City/State and Zip Code  promathews@uselle.us  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at			
Plant/Company  Address  City/State and Zip Code  promathews@uselle.us  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at	Name of Person	<del></del>	
City/State and Zip Code  pmathews@uscile.us  B-mail address: (to be used for future enmual report notification)  For further information concerning this matter, please call:  at (			TO DE THE
City/State and Zip Code  pmathews@uscile.us  B-mail address: (to be used for future enmual report notification)  For further information concerning this matter, please call:  at (	Plan/Company	·	習の一
City/State and Zip Code  pmathews@uscile.us  B-mail address: (to be used for future enmual report notification)  For further information concerning this matter, please call:  at (	FilibCompany		ARY DASSEE
City/State and Zip Code  pmathews@uscile.us  B-mail address: (to be used for future enmual report notification)  For further information concerning this matter, please call:  at (	Address		F 511
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at (			RAIDE SO
B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at (	City/State and Zip Code		
Name of Person  Area Code & Daytime Telephone Number  STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:	pmathews@usellc.us		
Name of Ferson  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  2661 Executive Center Circle  Tallahassee, Florida 32301  Enclosed is a check for the following amount:	E-mail address: (to be used for future annual report no	otification)	
Name of Person  Area Code & Daytime Telephone Number  STREET/COURTER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  2661 Executive Center Circle  Tallahassee, Florida 32301  Enclosed is a check for the following amount:	For further information concerning this matte	er, please call:	
STREET/COURTER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  2661 Executive Center Circle  Tallahassee, Florida 32301  Enclosed is a check for the following amount:			
Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, Florida 32301  Enclosed is a check for the following amount:	Name of Parson	Area Code & Daytime Telephone Nun	nber
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327	
□ \$25 Filing Fee   □ \$55 Filing Fee & Certified Copy	Enclosed is a check for the following	g amount:	
	□ \$25 Filing Fee	1 \$55 Filing Fee & Certified Cop	У

INHS18 (5/08)

## 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: SSTI 4950 N DIXIE HWY, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 111 CORPORATE DRIVE, SUITE 120 LADERA RANCH CA 92694 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3/29/2010 M10000001457 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta CORPORATION SERVICE COMPANY Registered Agent: 1201 HAYS STREET TALLAHASSEE FL 32301 Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Curporation System **NEW** Registered Agent: 1200 South Pine Island Road NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324 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. Signature of a member or authorized representative of a member Jennifer Shanders, Manager 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited gability company has been notified in writing of this change.

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

Ausimant Secretary Rebects Barth