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EXAMINER

SECRETARY OF STATE

The state of the s



ACCOUNT NO. : I2000000195

REFERENCE :

7878309

AUTHORIZATION

COST LIMIT

ORDER DATE: April 24, 2012

ORDER TIME : 10:50 AM

ORDER NO. : 178784-118

CUSTOMER NO: 7878309

CHANGE OF AGENT

NAME: NHC-FL135, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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: NHC-FL135, I	LC	····	_
2. (a) Principal office address of limited liability company	: c/o National RV Communities, l	LLC	
(Note: MUST BE STREET ADDRESS)	6991 East Camelback Road - St	e B-310	
	-Scottsdale AZ 85251		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
07/01/2011	M11000003408		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of	State:	
Registered Agent:	CT Corporation System		_
Registered Office Address:	1200 Sout Pine Island Road	38 JA	
Registered Office Address.	Plantation FL 33324	<u> </u>	
		工門	_ _
		SS	₹. 155
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	E C	<i>77</i> ≫
NEW Registered Agent:	Corporation Service Company	17. (%) 17. (%)	3
	1201 Have Street	문	\$
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
(MOST BE PLONDA STREET ADDRESS)	Tallahassee ,FL	32301	
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. Watter	t address of the registered office and see of a Florida limited liability co	nd the bus mpany, it	siness is
(Signature of a member or authorized representative of a member)			
Maureen Cathell, Authorized Person (Printed or typed name of signee)	-		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I furth per and complete performance of as registered agent as provided fo hange in the registered office add in writing of this change.	ier agree i my duties r in Chap ress, I her	to ; and I ter 608, eby
By: Does to Kindle			
(Signature of Registered Agent) Grace E. Kirby, Asst. VP			
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)