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COVER LETTER

TO: Registration Section Division of Corporations

\$25 Filing Fee

INHS18 (2/14)

SUBJECT: BRIGHTWOOD Mame of Limite	ANOR LLC ed 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:							
MARIE GOODIN Name of Person							
COOK Companies							
1826 S. MAIN St. Address							
AKRON, OH 44301 City/State and Zip Code							
MARIE @COOK - COMPANIE-mail address: (to be used for future annual report r	ES COM notification)						
For further information concerning this matter, please call:							
MARIE Goodin at (33)	30						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							

□ \$55 Filing Fee & Certified Copy

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: BRIGHT	N 000	MANA	De LI			
2. (a)	NO CHANGE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) NO CHANGE d liability company: Mailing address of limited liability company:					
3. 5. (a)	H-7-98 Date of filing/registration in Florida		7980000 Documen)0033(t number	ρ		
J. (4)	Registered Agent and Registered Office shown on the records of the FT 100 SUNSCH WAY PHT Registered Office Address (MUST BE FLORIDA STREET ADD		of State:	ĨĀ.	-		
(b)	SH. PETE BEACH, FL. SH. DAVID L. COOK Enter name of NEW Registered Agent and/or NEW Registered Offi		Φ	ECRETARY OF LLAHASSEE, FI			
	122 NEW Registered Office Address:	1 0a		N 3: 25 STATE LORIDA	, 0		
		3704					
the cha agent w was/we	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the limited or organization or the operating agreement of the limited liability.	registered ity compar e limited l	office and the b y, it is hereby con iability company	usiness offici onfirmed that	e of the registered t the change(s)		
Signat	ure of a member or authorized representative of a member		Printed or t	OOK yped name of si	ignee		
the obli to mere	y accept the appointment as registered agent and agree to bus of all statutes relative to the proper and complete pergations of my position as registered agent as provided foily reflect a change in the registered office address, I here a writing of this change.	o act in thi formance or in Chapte by confirm	is capacity. I fun of my duties, and er 605, F.S. Or, n that the limitea	rther agree to I I am familia if this docun I liability com	o comply with the ir with and accept ient is being filed ipany has been		

Signature of Registered Agent