1980000453

(Requestor's Name)
(
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP 🔲 WAIT 🚺 MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
r
Special Instructions to Filing Officer:
Office Use Only
\backslash

۶ ۲



RECEIVED

FILED SECRETARY OF STATE



CORPORATION SERVICE COMPANY.

٢

	ACCOUNT NO.	:	0.72100000	032	0. 🔨
	REFERENCE	:	793644	7427124	ASE MAD
	AUTHORIZATION	:.	Louisd	enan	A A A A A A A A A A A A A A A A A A A
	COST LIMIT	:	\$ <u>\$</u> 5.00		
ORDER DATE :	March 8, 2007				T OFTIT
ORDER TIME :	10:28 AM				Ŷ
ORDER NO. :	793644-005				
CUSTOMER NO:	7427124				
			·		

9. t.

44,

CHANGE OF AGENT

NAME: LIVE OAK PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

• •• ·

CONTACT PERSON: Kimberly Moret

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. The name of the limited liability company is: Live Oak Properties, LLC, d/b/a Live Oak Properties of Georgia, LLC

2. The mailing address of the limited liability company is : 400 Mall Blvd., Suite M, Savannah, GA 31406

05/06/1998

¥

3. Date of filing/registration in Florida

<u>M98000000453</u> 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

	CTC	Corporation System	з	
		ATTAR IL		
	in F			
	Play	ntation, FL 33324	T'9 = 1	
	Ξ_{U}, \mathfrak{N}			
6. The name and address of)f the new registered	agent and/or of	fice:	ORICE
	Corporat	ion Service Compa	iny	P
	120	Name 11 Hays Street		
	Florida street addre	ss (P.O. Box N	OT acceptable)	· · · · · ·
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability com confirmed that after the ch and the business office of t liability company, it is here of the members of the lim or the operating agreement (Signature of a member or authoriz (MALES Galfy (Frinted or typed name of signee)	ange or changes are i the registered agent w eby confirmed that th ited liability company of the limited liability	made, the Floric vill be identical. e change(s) was y or as otherwis ty company.	la street address o. Or, in the case o	f the registered office f a Florida limited
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or. If th address, I hereby confirm to	tment as registered a of all statutes relativ accept the obligation is document is being hgt the limited liabili	igent and agree to the proper is of my position filed to merely is ty company has	to act in this capa and complete perj a as registered ag reflect a change u been notified in v	city. I further agree to ormance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		mberly B. N as its ager	loret	

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

INHS18 (8/05)