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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 549467,

19467 . 792

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 27, 2013

ORDER TIME : 9:21 AM

ORDER NO. : 549467-032

CUSTOMER NO: 7922643

## CHANGE OF AGENT

NAME: ASBURY TAMPA MANAGEMENT L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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: -ASBURY_TAN	MPA MANAGEMENT-L.L.C.
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2905 Premiere Parkway Suite 300 Duluth GA 30097-5240
06/17/1998	M98000000633
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	W Registered Office address:  Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee FL 32301
If the limited liability company is not organized under the latter the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited hability company.  (Signature of a member or authorized representative of a member)	at address of the registered office and the business
Dona Priebe. Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agreevo oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608 change in the registered office address, I hereby I in writing of this change.
By: Sarah Weight	Sarah Wright, Asst. VP
Division of Corporations, P.O. Box	

FILING FEE: \$25.00