## Florida Department of State

Division of Corporations
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## REGISTERED AGENT CHANGE

PLANTATION APARTMENTS, L.L.C.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Ken Detzner
Socretary of State

February 11, 2003

PLANTATION APARTMENTS, L.L.C. P.O. BOX 151 POINT CEDAR, AL 36564

SUBJECT: PLANTATION APARTMENTS, L.L.C.

REF: M99000000262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The application you have submitted is for a corporation not a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 403A00009187

FAX Aud. #: E03000048214

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AND OR BOTH FOR LIMITED LIABILITY COMPANY ED OF A CONTROL OF A CONT

| OF CRETARY OF STATE   |  |
|---|--|
| Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the understand timite 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: PLANTATION APARTMENTS, L.L.C.  |  |
| 2. The mailing address of the limited liability company is: 6660 BEAVERCREEK DRIVE  |  |
| POINT CLEAR, AL 36564   |  |
| 00/04/4000  |  |
| 02/24/1999 M99000000262  3. Date of filing/registration in Florida 4. Document number   |  |
| 3. Date of filing/registration in Florida 4. Document number  |  |
| 5. The name of the registered agent and the registered office address as shown on the records of the<br>Florida Department of State:  |  |
| CT CORPORATION SYSTEM   |  |
| Name<br>1200 SOUTH PINE ISLAND ROAD   |  |
| Address PLANTATION, FL 33324  |  |
| City, State and Zip   |  |
| 6. The name and address of the new registered agent and/or office:  |  |
| RAX CO., C/O EDWARD M. WHALEN   |  |
| 50 NORTH LAURA STREET, SUITE 3300   |  |
| Florida street address (P.O. Box NOT acceptable)  |  |
| JACKSONVILLE, FI. 32202   |  |
| City, State and Zip   |  |
| 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) |  |
| ROBERT G. RANDALL, MANAGING MEMBER  |  |
| (Printed or typed name of signer)   |  |
| 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 fumiliar 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. I hereby confirm that the limited liability company has been notified in writing of this change.  |  |
| (Signature of Registered Agent) H03000048214  |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FIÈNG FEE: \$25.00