

11100000593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

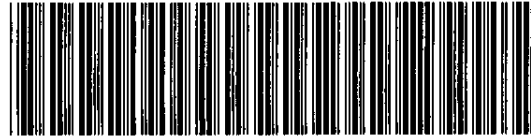
Special Instructions to Filing Officer:

A. LUNT

MAY - 7 2011

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04/09/12--01017--004 **25.00

FILED
2012 MAY -3 PM 4:51
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2012

PATTI HERNANDEZ
2733 ROSS CLARK CIR
DOTHAN, AL 36301-3214

SUBJECT: LBA-GSA MARIANNA, LLC
Ref. Number: M11000001593

2012 MAY -3 PM 4:51
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for LBA-GSA MARIANNA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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
Regulatory Specialist II

Letter Number: 112A00011478

April 4, 2012

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **LBA-GSA Marianna, LLC**

FILED
2012 MAY -3 PM 4:51
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

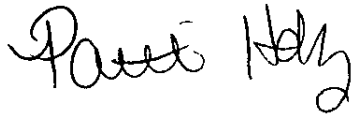
On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,



Patti Hernández
REGISTERED AGENT SOLUTIONS, INC.

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: LBA-GSA MARIANNA, LLC

2. (a) Principal office address of limited liability company: 2733 ROSS CLARK CIR

(Note: **MUST BE STREET ADDRESS**)

DOTHAN AL 36301-3214

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

03/29/2011

3. Date of filing/registration in Florida

4. Document number

M11000001593

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

C T CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr.

(**MUST BE FLORIDA STREET ADDRESS**)

Suite A

Tallahassee, FL 32301

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.

William F. Davis, Jr.
Signature of a member or authorized representative of a member

William F. Davis, Jr., Member

Printed or typed name of signee

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 familiar 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.

Art Flores
Signature of Registered Agent

Art Flores, Asst. Sec.

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

FILING FEE: \$25.00