

L08000051104

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INCORPORATED
 Account Number : 120080000045
 Phone : (302) 645-7400
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LLC REGISTERED AGENT CHANGE 1515 SAWGRASS, LLC

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K. SALY
EXAMINER

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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. Name of the limited liability company: 1515 SAWGRASS, LLC

2. (a) Principal office address of limited liability company: 6022 WEST CHESTER PIKE, STE 100 NEWTOWN SQUARE, PA 19073
(b) Mailing address of limited liability company: 6022 WEST CHESTER PIKE, STE 100 NEWTOWN SQUARE, PA 19073

3. Date of filing/registration in Florida: 05/22/2008
4. Document number: L08000051104

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

C T CORPORATION SYSTEM
Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
Plantation, FL 33324

(b) List name of NEW Registered Agent and/or NEW Registered Office address:
Registered Agents Inc.
NEW Registered Office Address:
3030 N. Rocky Point Dr., STE 150A
Tampa, FL 33607

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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 member or authorized representative of a member: [Signature]
Printed or typed name of signer: [Name]

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 605, 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] Assistant Secretary of Registered Agents Inc.
Signature of Registered Agent

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