

LO3000024095

Florida Department of State
Division of Corporations
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R/A Change

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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : PURCELL, FLANAGAN & HAY, P.A.
Account Number : 071722000522
Phone : (904) 355-0355
Fax Number : (904) 355-0820

LO3-26095

REGISTERED AGENT CHANGE

LIBERTY DEVELOPMENT 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$38.00 25.00

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DIVISION OF CORPORATIONS

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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 608.416 OR 608.508 Florida Statutes, this statement of change is submitted for a limited liability company organized under the laws of the State of FLORIDA 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: LIBERTY DEVELOPMENT 1, LLC

2. The principal office address: 5472 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/16/2003 Document number: 103000026095

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TODD B. LANIER
3 RED CEDAR ROAD
AMELIA ISLAND, FL 32034

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JONATHAN L. HAY
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its members or by an officer, so authorized by the board, or the company has been notified in writing of the change.

[Signature]
[Printed or typed name and title]

[Signature]
[Printed or typed name and title]

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.

[Signature]
[Printed or typed name and title]

10/22/2003
[Date]

If signing on behalf of an entity:

[Type of Print Name]

[Capacity]

*** FILING FEE: \$25.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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