L03000037615

(Requestor's Name)				
\ (Address)				
(Ac	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: Mission Creek of Florida, LL (Name of L		ability Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matte	r to the following:	
Rebekah Nett			
(Name of Person)			
((13.110 01.7 6100.1)			
Westview Law Center, PLC			
(Firm/Company)			
1350 South Frontage Road			
(Address)			
Hastings, MN 55033			
(City/State and Zip Code)	···	_	
For fourth on in formaction, accompanying this works	l	11.	
For further information concerning this matter	er, prease o	zan.	
Rebekah Nett	at (651	₎ 437-1818	
(Name of Person)		(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount	:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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. The name of the limite	d liability company is: Mission C	reek of Florida, LLC.	<u></u> -
2. The mailing address of	the limited liability company is	: 1350 South Frontage Road	
Hastings, MN 55033			,
09/26/2003		L03000037615	
3. Date of filing/registration	ion in Florida	4. Document number	
5. The name of the register Florida Department of	ered agent and the registered offi State:	ce address as shown on the	records of the
•	David A Lawrence	<u> </u>	
	Name		
	6620 Estero Blvd Address		
	Fort Myers Beach, FL 33931		SE(SE
	City, State and	Zip	
6. The name and address of the new registered agent and/or office:			
	Mary Anne Baker		REP PR
	Name		[6] 등
	6620 Estero Blvd		ATE RED
	Florida street address (P.O. Be	ox NOT acceptable)	>
	Fort Myers Beach FL 33	3931	_
	City, State and	Zip	
confirmed that after the cl and the business office of liability company, it is he of the members of the lin	npany is not organized under the hange or changes are made, the the registered agent will be idented to be confirmed that the change (nited liability company or as other of the limited liability company or as other of the limited liability company or as other to find the limited liability company or as other liabil	Florida street address of the a atical. Or, in the case of a Fl s) was/were authorized by an erwise provided in the article	registered office lorida limited n affirmative vote
Charles A. Schwarzhoff			
(Printed or typed name of signee)		_	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered agent and is of all statutes relative to the p d accept the obligations of my p his document is being filed to m that the limited liability company	agree to act in this capacity, roper and complete perform osition as registered agent a erely reflect a change in the 1y has been notified in writir	I further agree to ance of my duties, is provided for in registered office ng of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

47.00 %