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(Requestor's Name)

(Address)

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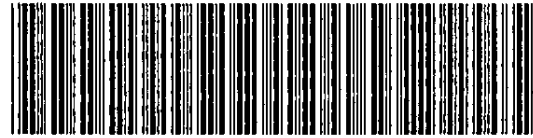
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**D. BRUCE**

MAR 15 2011

**EXAMINER**

WILLIAM C. HALDIN, JR., P.A.

*Attorney at Law*

WILLIAM C. HALDIN, JR.  
URSULA FARRO, LEGAL ASSISTANT

520 East FORT KING STREET, SUITE B-2  
OCALA, FLORIDA 34471  
PHONE: (352) 512-0100  
FAX: (352) 840-5955  
E-MAIL: WCH.atty@hotmail.com

March 10, 2011

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Shadowood Villas, LLC  
Document #L06000093220

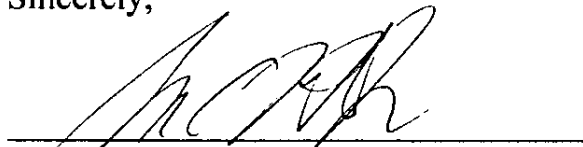
Dear Sir or Madam:

The enclosed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and fee regarding the above referenced limited liability company are submitted for filing.

In addition, please change the principal business address for the above limited liability company to 520 East Fort King Street, Suite B-2, Ocala, Florida 34471-2266 and also the same address for the Manager. Also, please change the mailing address to Post Office Box 3630, Ocala, Florida 34478-3630. Finally, please change the e-mail address for future notifications to [ralph.pressley@marathonequity.com](mailto:ralph.pressley@marathonequity.com).

Please return all correspondence concerning this matter to me at the above address. Should you have any questions, please contact me at the above listed telephone number or e-mail address.

Sincerely,

  
\_\_\_\_\_  
William C. Haldin, Jr.

WCH/uf  
Enclosures

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11 MAR 14 PM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: SHADOWOOD VILLAS, LLC

2. (a) Principal office address of limited liability company: 520 E. FORT KING ST., B-2

(Note: MUST BE STREET ADDRESS) OCALA, FLORIDA 34471-2266

(b) Mailing address of limited liability company: POST OFFICE BOX 3630

(Note: MAY BE POST OFFICE BOX) OCALA, FLORIDA 34478-3630

9/22/2006  
3. Date of filing/registration in Florida

L06000093220  
4. Document number

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

Registered Agent: LISA G. REILLY

Registered Office Address: 1130 NE 4TH STREET  
OCALA, FLORIDA 34470

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

NEW Registered Agent: RALPH W. PRESSLEY, JR.

NEW Registered Office Address: 520 E. FORT KING ST., B-2  
(MUST BE FLORIDA STREET ADDRESS)

OCALA, FL 34471-2266

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.

Ralph W. Pressley, Jr.  
Signature of a member or authorized representative of a member

RALPH W. PRESSLEY, JR.  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Ralph W. Pressley, Jr.  
Signature of Registered Agent

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

FILING FEE: \$25.00

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