Florida Department of State

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Email Address: _____ robertcross@greenway.com

LLC REGISTERED AGENT CHANGE WINTER HAVEN LAND ACQUISITION, LLC

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Corporate Filing Menu

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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, 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.

ι.	Nan	Name of the limited liability company: WINTER HAVEN LAND ACQUISITION, LLC						
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	9001 East Colonial Drive Orlando, FL 32817					
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9001 East Colonial Drive Orlando, F1. 32817		•			
3.		uary 22, 2007 e of filing/registration in Florida	1.0700008064 4. Document number		·			
5 .	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Agent:	Fowler White Boggs P.A.					
		Registered Office Address:	50 North Laura Street, Suite Jacksonville, FL 32202	2800	<u> </u>	40 Tr Spens		
	(b)	Enter name of NEW Registered Agent and/or NEW R	egistered Office address:		<u> 1</u>) j		
		NEW Registered Agent:	Corporation Company of O	C .	€.	ender est 5 Unitarias		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	300 South Orange Avenue Suite 1000 (JGH) Orlando	5.4. 5.4. . EL 32	2863 200 271	THE PARTY OF THE P		
aft the tha oth	er the regis	nited liability company is not organized under the laws change or changes are made, the Florida street address stered agent will be identical. Or, in the case of a Florid change(s) was/were authorized by an affirmative vote of se provided in the articles of organization or the operating of a member or authorized representative of a member	s of the registered office and a limited liability company, i the members of the limited l	hereby of the busing it is here iability of	onfiriness of the compa	office of nfirmed ny or as		
<u>Ed</u>	ward	M. Alden, Authorized Representative typed name of signee	-					
I h the and doc lia	ereby prov d acc cumen bility	accept the appointment as registered agent and agree to visions of all statutes relative to the proper and complete ept the obligations of my position as registered agent in is being filed to merely reflect a change in the register company has been notified in writing of this change.	o act in this capacity. I further e performance of my duties, a as provided for in Chapter ed office address, I hereby co	- agree t ind Lan · 608, F onfirm ti	o com famil S. Or lat the	ply with iar with ; if this ; limited		
CC By	ORPO	RATION COMPANY OF ORLANDO J. J	-					

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

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