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Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		





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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LIMPKIN LODGE OPE (Name	RATIONS, LLC cof Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
JOHN HARRIS		
(Name of Person)		
LIMPKIN LODGE OPERATIONS, (Firm/Company)	LLC	
8320 WEST SUNRISE BLVD., SUITE 209 (Address)		
PLANTATION, FL 33322		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
JOHN HARRIS	at (_954) 926 3339	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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: LIMPKIN LC	DDGE OPERATIONS, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 8320 WEST SUNRISE BLVD., SUITE 209 PLANTATION, FL 33322	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8320 WEST SUNRISE BLVD., SUITE 209 PLANTATION, FL 33322	
06/29/2007	L07000068523	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State	
Registered Agent:	JOHN A HÄRRIS P	
Registered Office Address:	LIMPKIN LODGE OPERATIONS, LLC 6916 STIRLING ROAD HOLLYWOOD, FL 33024	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	JOHN A HARRIS	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LIMPKIN LODGE OPERATIONS, LLC 8320 WEST SUNRISE BLVD., SUITE 209 PLANTATION,FL_33322	
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 a member or authorized representative of a member)	_	
JOHN HARRIS (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Of, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	cnange in the registerea office adaress, I hereby	
(Signature of Registered Agent) Division of Corporations, P.O. Box	6327 Tallahassaa El 32314	

FILING FEE: \$25.00