Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE DEMETREE LAND TRUST, LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or cliability company submits the following statement in agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company:	DEMETREE LAND TRUST, LLC
2. (a) Principal office address of limited liability con	прапу:
(Note: MUST BE STREET ADDRESS)	1350 Orange Avenue, Suite 100 Winter Park, Florida 32789
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
07/29/2008	L08000072691 +06000017852
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	GARY M.BERKSON
Registered Office Address:	111 NORTH ORANGE AVENUE SUITE 1200
	ORLANDO, FL 32801
(b) Enter name of NEW Registered Agent and/o	r NEW Registered Office address:
NEW Registered Agent:	WHWW, INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	390 N. ORANGE AVENUE, SUITE 1500 ORLANDO FL 32801
MACON DE L'AMEDITORINA (1222-1222)	,FL
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability considerable of amember of authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited page 15 was five a subprised by an affirmative vote
MARY L. DEMETREE, MANAGER Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to 1 and 1 am familiar with and accept the obligations of Theorem 18. Or, if this document is being filed address, I hereby confirm that the limited liability consignature of Registered Agent	\$ 6 2 ···
Division of Corporations, P.O. B.	ox 6327, Tallahassee, FL 32314
FILING FE	EE: \$25.00
NHS18 (05/08)	
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