

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE 2 X 4 RANCH LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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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 605.0114 or 605.0116, 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.

I. N	ame of the limited liability company: 2 X 4 Ranch LLC	: 	
2. (a)		(b)	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1952 FIELD ROAD, 2ND FL REAR		
	SARASOTA, FL 34231	_	•
	10/14/2011	LI	1000}17767
3.	Date of filing/registration in Florida	- _{4.}	Document number
5. (a)	2 X 4 RANCH REAL ESTATE HOLDINGS LLC		Was a
J. (4,	Registered Agent and Registered Office shown on the records of	the Florida De	pr. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
. 1952 FIELD ROAD, 2ND FL REAR			23 P
	SARASOTA	34231	FLORIDE FLORIDE
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered	Office addres	
	NEW Registered Office Address:		
	1200 South Pine Island Road	<u> </u>	
	Plantation , FL	33324	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the	f the register ability comp of the limited	ed office and the business office of the registered sany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
Sign	ature of a mysiber or authorized representative of a member	Atheu	Printed or typed name of signee
I here provis the obto men notifie CTC By:	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I will be welling of the change.	perjormand d for in Cha hereby confi	this canacity. I further garee to comply with the
Signat	ure of Registered Agent	nəələtdi	in occidery
	Division of Corporations P.O. 1	Box 6327+ 7	Fallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)