2001 UNIFURM BUS	INESS NEPUI	או נט	DN)	,				
DOCUMENT # L0000006204							•	
BUTTREY DEVELOPMENT TWO, LLC				FILED				
Principal Place of Business Mailing Address				2001 MAY - 9 PM		PM 12: 36	PM 12: 36	
6239 EDGEWATER DRIVE. SUITE D-1 6239 EDGEWATER DRIVE. SUITE D-1 ORLANDO FL 32810 ORLANDO FL 32810			DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
2. Principal Place of Business 2. I Piney Woods RD. Suite, Apt. #, etc. 3. Mailing Address 2. I Piney Woods RD. Suite, Apt. #, etc.				DO NOT WRITE	I THIS SPACE			
City & State HDOOKA, FL. City & State ADOOKA, FL. 32703			4. FEI N	umber 3652 /	74	Applied For Not Applicable		
Zip' Country 3 2 7 0 3	Zip	Country		5. Certif	icate of Status Desired	□ \$5.00 / Fee Requ		
6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re	gistered Agent		
Name RUTTUEL FAHN								
BUTTREY, JOHN Street Address (P.O. Bex Number is Not Acceptable)								
BUTTREY, JOHN 6230 EDGEWATER DRIVE, SUITE D-1 211 PINEY WOOD S KO ORLANDO FL 32810 A POPILA, FL. 32703 City 4000//4 FL Zip Code 3.3								
ORLANDO FL 32810	popila, FL. 321	Cit		4 4	, 	Zip C	odo :	
			/t/	OPK	4		2703	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Sterature, typed or printed name of legistered agent	and title (applicable. (NOTE:	Registered Agent	signature required	when reinstati	00)	4-12-01		
55 Sept. 1954 5 p. 100 12 15 15 15 15 15 15 15 15 15 15 15 15 15					,	DATE		
	ì	W!!! FEE	•					
	Make Check Pay	able to De	partment o	of State		1	,	
9. MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/0	CHANGES		
TITLE MANAGER	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
NAME JOHN BUTTREYS RD.	,	NAME STREET AODI	DECC				*	
CITY-ST-ZIP APOPKA, FL. 3270	3	CITY-ST-ZIF	1			1	ì	
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NAME NANEY BUTTLEY		NAME			2000043	3 7664 2 01 01130	!5	
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STREET ADDRESS		STREET ADDR	1					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.								
Company of the received of the state	- CONSCIENTS IS	pon as requi	on by cliabs	ioi oua, FRO				
SIGNATURE: SNOW	UPD WEOUN	RED			4-12-01	407-8	14-7000	
SIGNATURE AND TYPED OR PRINTED NAME O	F STORING MANAGING MEMBER, MANA	AGER, OR AUTHO	RIZED REPRESE	NTATIVE	Date	Daytime Phone		