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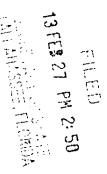
(Requestor's Name)		
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K.SALY EXAMINER EFB 2 8 2013

COVER LETTER

Division of Corporations			
SUBJECT: Infinite Properties, LLC Name of 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 concerning this matter to the following:			
Jeffrey H. Traynham			
Infinite Properties, LLC Firm/Company			
3633 NW 23rd Terr #202			
Gainesville, FL 32605 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jeffrey H. Traynham at (352) 682 - 7813 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations			

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: Infinite	2 Properties, LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 7001 SW 24th Ave Gainesviller FL 32607
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3633 NW 23rd Terr #20 Gainesville, FL 3260S
11/20/2002	L02000031215
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Deptinof States
Registered Agent:	Jeffrey H. Traymhama
Registered Office Address:	7001 SW 24th Ave ? Gainesville, FL 37607 5
	7,7
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Jeffrey H. Traynham
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3633 NW 23rd Terr #202
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapter 608. F.S. Or. if this document is being filed to a address. Nacreby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office ny has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

red Agent