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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From: **CAM MATTHEWS**

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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REGISTERED AGENT CHANGE

VIDA RANCH, LTD.

Certificate of Status	0
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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Vida Ranch, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/12/1996 3. A96000001108
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alan H. Daniels
Name
800 North Magnolia Ave., Suite 1500
Address
Orlando, FL 32803
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Gary L. Lee
Name
515 West Bryan Street
Florida street address (P.O. Box not acceptable)
Kissimmee, FL 34741
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Gary A. Kelly
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gary L. Lee
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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