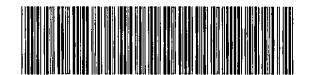


| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: SPRINGHIL OF LOUISE LOUNTY INC. Name of Corporation |
| DOCUMENT NUMBER: 126215 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Spanisher or court lowry INC Firm/Company |
| PODY 855 Address BONITA SPRINGS & 34133 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (239) 596 - 4088 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. |
|---|
| 1. The name of the corporation: SPINNSHU OF COULER COUNTY INC |
| 2. The principal office address: POBOX 855 BONITA SPRINGS FL 34133 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 7/23/86 Document number: 126215 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| STEPHEN & LOWITZ |
| 1715 MONROE STREET PR |
| FY MYERS FL 33907 |
| 6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed): |
| HF REGISTERED AGENTS, LLC # 3 |
| 1715 MONROE STREET |
| P.O. Box NOT acceptable Fr. MYERS FL 33901 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Robbut Bout Printed or typed name and title |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| ERIN E. Hovek-Toll, Vice- Resichant Typed or Printed Name |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)