DOCUMENT # L0000008581 1. Entity Name WALKER PROPERTIES GROUP, L.L.C.								FILED OI MAR 23 PM 1: 36					
Principal Place of Business 116 FLAGSHIP DRIVE LUTZ FL 33549			Mailing Address 116 FLAGSHIP DRIVE LUTZ FL 33549				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Principal Place of Business													
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			,	DO NOT WRITE IN THIS SPACE						
City & State			City & State			4	. FEI N	lumber	,	1.4	oplied For ot Applicable		
Zip	o Country		Zip	Count		5. Certificate of Status Desired			S5.00 Additional Fee Required				
	6. Name	and Address of Currer	nt Registered Agent -		Name	- 7.	Name	e and Address of New F	legistered A	jent	<u></u>	7	
ROLAND, 500 EAST		Street Address (P.O. Box Number is Not Acceptable)						-					
TAMPA FL 33602										T =			
			City			•	FL	Zip Cod	9				
8. The above	named entity	submits this statement	for the purpose of changing its	s registere	ed office or	r registered a	agent, o	or both, in the State of Fk	orida.				
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signatu	ure required when	n reinstatii	ng)	DATE			}	
			FILE N Make Check Pr		FEE IS \$ o Depart		ate						
9.		MANAGING MEMI	BERS/MEMBERS	10.				ADDITIONS	CHANGES			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Kurt 116 I	H. Flag	/Treasurer Hull ship Drive 33549	1	Change	Addition	2E083 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							Change	Addition		
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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 empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OPAUTHORIZED REPRESENTATIVE Date Date Dayling Phone #													