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Division of Corporations

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Email Address: susan.barch@akerman.com

REGISTERED AGENT CHANGE LAKE WILSON MANAGEMENT, LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$35.00

T. CLINE FEB 2 2 2010

EXAMINER

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.

1. Name of the limited liability company:	Lake Wilson Management, LLC
2. (a) Principal office address of limited liability con	npany: 21742 Lake Seneca Road
(Note: MUST BE STREET ADDRESS)	Eustis, FL 32726
(b) Mailing address of limited liability company:	c/o Stephen D. Dunegan, Esq.
(Note: MAY BE POST OFFICE BOX)	P.O. Box 231 Orlando, FL 32802-0231
08/22/2000	L00000010056
3. Date of filing/registration in Florida*	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Dean Mead Services, LLC -
Registered Office Address:	800 North Magnolia Ave., Suite 1500 Orlando, FL 32803
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	John F. Fischer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	21742 Lake Seneca Road 🚟 😥
	Eustis ,FL32726
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization on the operating agreement of the limited liability company. Signifure of a member or nuthorized representative of a member	
John F. Fischer	•
Printed or typed name of signee	
I hereby accept the appointment as registered agent of comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of no Chapter 698, F.S. Or, if this document is being filed to underlyss, I never confirm that the limited liability con	ind agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office thany has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FFF: \$25.00	

INHS18 (05/08)