## 10100000151

(Requestor's Name)			
(Address)			
(Address)			
·	·		
(Cit	y/State/Zip/Phon	e #)	
(0	y oraco cipi non	o,	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
•	ŕ		
Certified Copies	· ···· Certificates	s of Status	
Certified Copies Certificates of Status			
Special Instructions to I	Filing Officer:		
		·	

G. NOTTE USE ONLY

OCT 2 0 2009

**EXAMINER** 



700161795517

10/19/09--01028--012 \*\*25.00

. • •

09 OCT 19 PM 4: 21

SECRETARY OF STATE

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJ		Land Management, LLC f Limited Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	ng this matter to the following:
	Libby Restuccio	
	Name of Person	
	Unity Land Management, L Firm/Company	LC
	5604 Heritage Blvd.  Address	
	Wildwood, FL 34785 City/State and Zip Code	
E	Libby@UnityLandManagemer -mail address: (to be used for future annual report	nt.com t notification)
For fu	orther information concerning this man	atter, please call:
	Libby Restuccio  Name of Person	at ( 407 ) 206-3345  Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	ing amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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. Nar	ne of the limited liability company:Un	ity Land Management, LLC		
	Principal office address of limited liability company	: 5604 Heritage Blvd.		
<b>- √</b>  -	(Note: MUST BE STREET ADDRESS)	Wildwood, FL 34785		
(b)	Mailing address of limited liability company:	5604 Heritage Blvd.		
-[1	(Note: MAY BE POST OFFICE BOX)	Wildwood, FL 34785		
	Jan. 3, 2001	L0100000151		
3. Dat	e of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
	Registered Agent:	Jonathan D. Woods		
	Registered Office Address:	425 W. Colonial Dr., Ste. 204 Orlando, FL 32804		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Jonathan D. Woods		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		5604 Heritage Blvd.		
		Wildwood ,FL34785		
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 gent 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 vector of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or affirmed depresentative of a member  Jonathan D. Woods  Printed or typed name of signee  Linearly, great the gappen name at an aggree to get in this canacity. I further garee to				
comply and I d Chapte addres	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the proving familiar with and accept the obligations of my poer 608/F,S. Or if this document is being filed to me is, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.		
Signatu	e of Registered Agest			
(	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
FILING FEE: \$25.00				