1000000616 SIKET & SOLIS, LLP 1100 FIFTH AVENUE SOUTH SUITE 301 City Naples, Florida 34102-6416 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified C Pick up time 🔲 Walk in Photocopy Certificate ☐ Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other Examiner's Initials

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. The name of the limited	l liability company is:	Hidden Lak	es at Woods	Edge, LLC	·	
2. The mailing address of	the limited liability com	npany is:	111 Callowa	y Court,	Suite 20	2
Bowling Green, KY	42103	·				
01/12/01			L0100000	0616	,	z. · · · ·
3. Date of filing/registration	on in Florida	4	. Document nu	ımber		1
5. The name of the register Florida Department of S	ed agent and the registe	red office ad	dre <u>s</u> s as shown	on the reco	ords of the	
k ====================================	Price, Siket &	Solis, LL	· •	-		
	2640 Golden Ga	Name te Parkway,	Suite 115	<u> </u>	•	स्य शिक्षंत्रसर्वेतस्य । स्थ
	A Naples, FL 34	ddress 105	and the comment of th		2(
City, State and Zip						=
6. The name and address of	Andrew G. Sike Siket & Solis,	t LLP ame nue South,	Suite 301	JON OF CORPORATION LLAHASSEE, FLORIDA	FILED JUL-2 PM 3:2	- 5 To 1 To
-	Naples	FL 34102 tte and Zip	•	ONS DA	7	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
If the limited liability components that after the charand the business office of the liability company, it is here the members of the limited the operating agreement of the limited t	inge or changes are made registered agent will by confirmed that the cliability company or as the limited liability con	de, the Florid be identical. hange(s) was otherwise or	a street address	of the regi	stered offi	
Barry McIntosh						
(Printed or typed name of signee)	2139 C. 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14					* 1
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm (1)	tment as registered age of all statutes relative t accept the obligations is document is being fill hap the limited liability		to act in this co and complete t n as registered reflect a chang been notified t			ee to ties, in ice ige.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00