L01000001952

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		_			

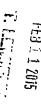




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SECRETARY OF STATE ALLAHASSEE, FLORIDA





COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	BISHOP REALTY & DEVEL	BISHOP REALTY & DEVELOPMENT, L.L.C.			
30001	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the following:			
Kelly	Hooper				
	Name of Person				
Bisho	ppBeale				
	Firm/Company				
250 N	North Orange Avenue, Suite 1500				
	Address				
Orlan	ndo, FL 32801				
-1	City/State and Zip Code				
•	@bishopbeale.com				
E	E-mail address: (to be used for future ann	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Kelly	Hooper	407 426-7702			
	Name of Person	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 amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS1	8 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	ALTY & DEVE	LOPMENT, L.L.C.	
2. (a)	-recently changed via e-mail to Sunbiz	(b) -rece	(b) -recently changed via e-mail to Sunbiz	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
	250 North Orange Ave., Suite 1500	250 N	North Orange Ave., S	Suite 1500
	Orlando, FL 32801	Orlan	do, FL 32801	
	02/05/2001	L0100	0001952	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	William D. Bishop III			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	1321 Edgewater Dr.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Suite 2			
	Orlando, FL , FL	32804		
(b)	same name as above		·	15 F
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:		FEB
	250 North Orange Ave.			-5 P
	NEW Registered Office Address:			
	Suite 1500			2: 33 STATE FLORIE
	Orlando , FI	32801		TE AIDA
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered of iability company, of the limited liab	ffice and the business off it is hereby confirmed the oility company or as othe	fice of the registered hat the change(s)
Signa	ature of a member or authorized representative of a member		Printed or typed name o	f signee
provis the ob- to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change	ree to act in this c e performance of ed for in Chapter hereby confirm to	capacity. I further agree my duties, and I am fami 605, F.S. Or, if this doc hat the limited liability c	e to comply with the iliar with and accept ument is being filed company has been
Signati	ire of Registered Agont			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00