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SECRETARY OF STATE CIVISION OF CORPORATIONS

JB

COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUB	JECT: HOLLAND ENTERPRISE (Name o	S, L.L.C. f Limited Liability Company)	
Dear	Sir or Madam:		
Dear	on or madain.		
The	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernir	ng this matter to the following:	
וחחו	NALD W. HOLLAND		
<u> </u>	(Name of Person)		O7 JUL 20 PH 2: 26
HOL	LAND ENTERPRISES, L.L.C.		20
	(Firm/Company)		20 PH 2:2
044	4 07455 0040		H 2
614	4 STAFF ROAD (Address)		. 26
	(Addiess)		U ,
CRE	STVIEW, FLORIDA 32536		•
	(City/State and Zip Code)		
For f	urther information concerning this ma	atter, please call:	
		•	
DOI	NALD W. HOLLAND	at (850) 682-2823	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
		•	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Registration Section		
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the follow	ving 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. The name of the limited liability compa	ny is: HOLLAND ENTERPRISES L.L.C .
2. The mailing address of the limited liabil	ity company is : 6144 STAFF ROAD CRESTVIEW, FL
10/02/2001	L01000016822
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	registered office address as shown on the records of the
W.SCOTT FO	
909 MAR WALT	Name 9 V
303 WAR WAL	Address = 22
	1 BEACH, FL 32547-6711 2 955
6. The name and address of the new registe	ored agent and/or office: PH 2: OFFICE OFFI
DONALD W. H	OLLAND 28 PM
0444.07455.00	Name
6144 STAFF RO	
Florida street a	ddress (P.O. Box NOT acceptable)
CRESTVIEW	FL 32536
C	City, State and Zip
confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed the	nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited nat the change(s) was/were authorized by an affirmative vote apany or as otherwise provided in the articles of organization ability company.
(digitate of a member of audiorized representative of a	
DONALD W. HOLLAND	<u> </u>
(Printed or typed name of signee) I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblic Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited leading of Registered Agent)	ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office iability company has been notified in writing of this change.

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