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SECRETARY OF STATE
ALL AHASSEF FINANCE

T. CLINE
APR 2.1 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ			once, LLC			
	Name of Lim	iitea L	iability Compa	ny		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered Offi	ice Ch	ange and fee(s)	are submitted for	or filing.	
Please	e return all correspondence concerning thi	is matt	er to the follow	ing:		
	Sandra J. Mathis				,	
	Name of Person					
	Phillips Development Corporation	n				
	Time company					
-	6106 MacArthur Blvd. Address				SECR TALLA	) 
	Bethesda, MD 20816 City/State and Zip Code				SECRETARY OF STA	
smathis@phillipsfinancial.com  E-mail address: (to be used for future annual report notification)					HATE ORIDA	****
For fu	orther information concerning this matter,	please	call:			
	Sandra J. Mathis at Name of Person	t ( <u>        3</u>	01 ) Area Code & 1	320-0489 Daytime Telephone N		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Flo	ction porations		
	Enclosed is a check for the following a	moun	t:			
	\$25 Filing Fee	V	\$55 Filing Fe	e & Certified C	ору	

## 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.

Name of the limited liability company:	8307 Ponce, LLC			
2. (a) Principal office address of limited liability compan	ny: 123 Lake Win	nemissett Dr.		
(Note: MUST BE STREET ADDRESS)	DeLand, FL 32724			
(b) Mailing address of limited liability company:	6106 MacArthur E	3lvd.		
(Note: MAY BE POST OFFICE BOX)	Bethesda, MD 20816			
February 5, 2002	L020000028	315		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	ept of State:		
Registered Agent:	CT Corporation			
Registered Office Address:	1200 South Pine Island F Plantation, FL 33324	THREE R		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	Leland H. Phillips	DE ST		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	123 Lake Winnemissett Dr.			
	DeLand, FL	,FL <u>32724</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the restical. Or, in the case of a Florial was/were authorized by an	egistered office rida limited affirmative vote		
Leland H. Phillips, Manager				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	agree to act in this capacity. Oper and complete performan Osition as registered agent as Prely reflect a change in the ro By has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.		
Signature of Registered Agent				