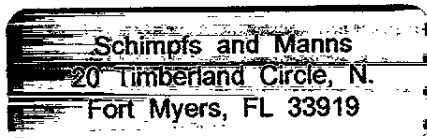


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City/State/Zip

Phone #

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\*\*\*\*\*25.00 \*\*\*\*\*25.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent *address*  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**OTHER FILINGS**

Name	Document
Availability	Examiner
<input type="checkbox"/> Annual Report	
<input type="checkbox"/> Fictitious Name	
	DCC
	DCC
	DCC
verifier	DCC
CR2E031(7/97)	

Examiner's Initials

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL -8 AM 10:14

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**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 company is: Cutting Hedge LLC
2. The mailing address of the limited liability company is : 20 Timberland Circle, N.  
Fort Myers, FL 33919
- 3/8/2002
3. Date of filing/registration in Florida
- L02000005558
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

State: Christine Schimpf A  
Name  
7910 Royal Birkdale Circle  
Address  
Bradenton FL 34202  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Christine Schimpf  
Name  
20 Timberland Circle, N.  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Myers FL 33919  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 office and the business office of the registered agent 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 vote 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.

Christine Schump  
(Signature of a member or authorized representative of a member)

Christine Schimpf  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Christine Seay  
(Signature of Registered Agent)

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