

L020000008906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

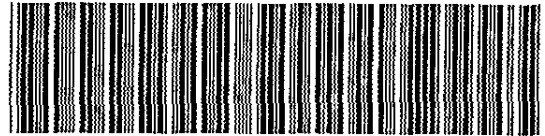
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/25 R/A change
address change
L02-8906

Office Use Only



600016372426

04/28/03--01019--002 **25.00

MJH

FILED
03 APR 25 PM 1:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7 April 2003

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

**RE: San Sebastian North, L.L.C.
Change in Mailing Address and
Change in Registered Agent's Mailing Address**

To Whom It May Concern:

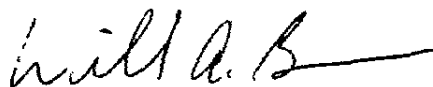
Attached are completed "Articles of Amendment to Articles of Organization" and "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" forms for San Sebastian North, L.L.C. The mailing address of both the L.L.C. and the registered agent have changed.

Also included is a check for \$25.00 to cover the filing fee for these changes.

Thanks in advance for your assistance. Please contact me with any questions.

Sincerely,

SAN SEBASTIAN NORTH, L.L.C.

A handwritten signature in cursive script, appearing to read "William A. Brown", followed by a horizontal line.

William A. Brown
Registered Agent
234 Nesmith Avenue
St. Augustine, Florida 32084
(904) 814-2784 cell

**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: San Sebastian North, L.L.C.
2. The mailing address of the limited liability company is : 234 Nesmith Avenue
St. Augustine, Florida 32084
- 15 April 2002 L02000008906
3. Date of filing/registration in Florida 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:

William A. Brown
Name
32 Grove Avenue
Address
St. Augustine, Florida 32084
City, State and Zip

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

William A. Brown
Name
234 Nesmith Avenue
Florida street address (P.O. Box NOT acceptable)
St. Augustine, Florida FL 32084
City, State and Zip

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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.

William A. Brown
(Signature of a member or authorized representative of a member)

William A. Brown
(Printed or typed name of signee)

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.

William A. Brown
(Signature of Registered Agent)

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