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(Requestor's Nam	·o)	
(Requestors Ivail	(8)	
(Address)		
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(City/State/Zip/Ph	one #)	
PICK-UP WAIT	MAIL	
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Certified Copies Certification	ites of Status	
Special Instructions to Filing Officer:		
Special instructions to Filing Officer.		
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EXAMINER

Office Use Only



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COVER LETTER

Division of Corporations				
SUBJECT:	SANDE	RSON .	BAY REA	LTY, LLC
	Name of I	Limited I	iability Con	npany
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered (Office Ch	ange and fee	e(s) are submitted for filing.
Please return all correspo	ndence concerning	this mat	ter to the foll	lowing:
•	-			•
R SHAW	N FITZPATRICK	(
	ne of Person	<u> </u>		
FITZDATOICK	9 EITZDATDICK	. D V		
	& FITZPATRICK n/Company	<u>, F.A,</u>	_	
	• •			
040 NODE	LABORICA AVENI			
	I APOPKA AVEN	UE		
•				
	S, FLORIDA 344 te and Zip Code	50		
City/Sta	te and Zip Code			
DCE@EIT7DAT		E COM		
RSF@FITZPAT E-mail address: (to be used	for future annual report of	notification)		
- 0 1 10 1		•	11	
For further information co	oncerning this matt	er, please	e call:	
				•
R. SHAWN FIT		_ at (352)	726-1821
Name of Pers	on		Area Code	e & Daytime Telephone Number
STREET/COURI	ER ADDRESS:		MAILING	ADDRESS:
Registration Section			Registration	Section
Division of Corpora	itions			Corporations
Clifton Building			P.O. Box 63	
2661 Executive Cer			i allahassee,	Florida 32314
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee			\$55 Filing	g Fee & Certified Copy

INHS18 (5/08)

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:	SANDERSON BAY REALTY, LLC
2. (a) Principal office address of limited liability c	ompany:
(Note: MUST BE STREET ADDRESS)	1940 N PROSPECT AVENUE LECANTO, FLORIDA 34461
(b) Mailing address of limited liability company	/ :
(Note: MAY BE POST OFFICE BOX)	1940 N PROSPECT AVENUE LECANTO, FLORIDA 34461
06/10/2002	L02000014336
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	ROBERT L. HENIGAR
Registered Office Address:	724 BRUCE AVENUE CLEARWATER, FLORIDA 33767
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW</u> Registered Agent:	or NEW Registered Office address: CHARLES N. SANDERS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1940 N PROSPECT AVENUE LECANTO ,FL34461
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability control of the operating agreement of the limited liability control of the operating agreement of the limited liability control of the operating agreement of the limited liability control of the operating agreement of the limited liability control of the operations of all statutes relative to and I am familiar with and accept the obligations of Chapter 08, F.S. Or if this document is being filed address, I hereby any amfirm that the limited liability considered of Registered Agent	e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an impanye vote so otherwise provided in the articles of granifization ampany.