

7/30/2013 12:08:52 PM PAGE 9/016 Fax Server

Division of Corporations Page 1 of 1 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE SUGAR BULL CHARTERS, LLC

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J. SAULSBERRY EXAMINER JUL 30 2013

Electronic Filing Menu

Corporate Filing Menu

Help



7/30/2013 12:08:52 PM PAGE 10/016 Fax Server

FAX AUDIT NO.: H13000169167 3

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. Name of the limited liability company: SUGAR BULL CHART	ERS, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 5500 FLAGHOLE ROAD CLEWISTON, FL 33440	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5500 FLAGHOLE ROAD CLEWISTON, FL 33440	
08/26/2002	L02000022052	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	CORPDIRECT AGENTS, INC.	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
NEW Registered Agent:	HF REGISTERED AGENTS, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1/15 MONROE STREET	
	FORT MYERS,FL_33901	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company.	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
THOMAS H. GUNDERSON, AUTHORIZED REPRESENTATIVE		
Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post-hapter 608, F.SOr, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	
Signature of Registered Agent Erin E. Houck-Toll, Vice Pr	esident	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

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

INHS18 (05/08)