## L02000034295

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| (re                                     | questoi s Name)    |             |
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|   | dress)             |             |
| (AC                                     | uices)             |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
| •                                       |                    | ,           |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
|   |                    |             |
| (Bu                                     | siness Entity Nan  | ne)         |
|   |                    |             |
| (Do                                     | cument Number)     | <del></del> |
| à                                       |                    |             |
| Certified Copies Certificates of Status |                    |             |
|   |                    |             |
| Special Instructions to                 | Filing Officer:    |             |
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Office Use Only



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09/13/04--01036--004 \*\*25.00

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www.schumannlg.com

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September 9, 2004

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Offices in: Bonita Springs, Florida Indianapolis, Indiana

## Via First Class U.S. Mail

State of Florida Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Florida Golf Course Homes, LLC

To Whom It May Concern:

Enclosed, please find one (1) original and one (1) copy of the Statement of Change for the above referenced limited liability company. Also enclosed is a check in the amount of \$25.00 for the appropriate filing fees.

Please file the enclosed with the State of Florida and return proof of filing to this office.

Respectfully,

Danny E. Meek, Esq.

Managing Attorney Indiana Office

Schumann Law Group Admitted in Indiana only

DEM/mil Enclosures

## 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 limite  | d liability company is: _   | Florida Golf Course Homes, LLC   | <u> </u>  |
|--|---|--|---|
| 2. The mailing address of  |   |  |   |
|  | ), SUITE 214 FT. MYEI   | ,  | ***   |
| 12/19/2002   | ,   | L02000034295   | <del></del>   |
| 3. Date of filing/registrat  | ion in Florida  | 4. Document number   |   |
|  |   | red office address as shown on the reco  | rds of the  |
| Florida Department of  | State:  | ed office address as shown on the recon  | .us of the  |
| •  | CORPORATION SEF   | RVICE COMPANY  | 28 N  |
|  | 1201 HAYS STREET  | Jame   | 2004 SEP 13<br>TALLAHASS  |
| Address  |   |  |   |
|  | TALLAHASSEE FL 3:<br>City, St   | 2301-2525  | SSS 0   |
|  | City, St  | ate and Zip  |   |
| 6. The name and address of the new registered agent and/or office: |   |  |   |
|  | City, State and Zip of the new registered agent and/or office:  Raymond L. Schumann  Name   |  |   |
|  | 27200 Riverview Cen   | me<br>ter Blvd Suite 103   | · 55  |
| er .   | Florida street address (1   | P.O. Box NOT acceptable)   |   |
|  | Bonita Springs  | FL 34134   | · •   |
|  |   | e and Zip  |   |
| and formand that after the al                                      | nange or changes are mad<br>the registered agent will lead that the change of the change<br>deby confirmed that the change of the limited liability company or as | der the laws of the State of Florida, it is e, the Florida street address of the regis be identical. Or, in the case of a Florida tange(s) was/were authorized by an affiotherwise provided in the articles of or apany.   | tornal affina   |
| P. Keith Rigsby, Mana  | ging Member   | and the second s |   |
| (Printed or typed name of signee)                                  |   | <del></del>  |   |
| Jacom Do   | <b>.</b>  | nt and agree to act in this capacity. I find the proper and complete performance of my position as registered agent as private to merely reflect a change in the region of the property of the region of the property of the p | ırther agree to<br>! of my dutics,<br>ovided for in<br>istered office<br>f this change. |
| (Signature of Registered Agent)                                    |   |  |   |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314     |   |  |   |

**FILING FEE: \$25.00** 

INHS18(10/99)