Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000198375 3)))

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, Account Number : 075410002172 Phone : (239)344-1100

: (239)344-1200 Fax Number

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FLORIDA LAND & PROPERTIES LLC

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J. SAULSBERRY **EXAMINER**

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8/6/2012

8/6/2012 2:30:43 PM PAGE 4/006 Fax Server

FAX AUDIT NO.: H12000198375 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.

Name of the limited liability company: FLOF	RIDA LAND & PROPERTIES LLC	_
2. (a) Principal office address of limited liability compa	any:	_
(Note: MUST BE STREET ADDRESS)	12 LOCHINVAR LANE OAK BROOK, IL 60523	<u>-</u>
(b) Mailing address of limited liability company:	2012 SEC ALL	
(Note: MAY BE POST OFFICE BOX)	12 LOCHINVAR LANE AND CONTROL OF THE PROPERTY	_ :
01/22/2003	L03000002627 H	- f
3. Date of filing/registration in Florida	4. Document number	1
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept.	ę
Registered Agent:	KANAIYALAL J. HATHI	_
Registered Office Address:	390 PONDELLA ROAD STE 2 NORTH FORT MYERS, FL 33903	-
		_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	
NEW Registered Agent:	HF REGISTERED AGENTS, LLC	_
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1715 MONROE STREET	_
	FORT MYERS ,FL33901	_
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote	
ERIN E. HOUCK-TOLL, Authorized Representative Printed or typed name of signee	ve .	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	9
Kignature of Registered Agent		
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)