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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Mary Ellen Davis

Attorney and Counselor at Law
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Crawfordville, Florida 32326

Phone: (850) 926-6003

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November 7, 2012

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

Re: Red Fox Run, LLC

Dear Sir/Madam:

Enclosed for filing are the following documents:

1. Cover Letter; and
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

with respect to the above-referenced company. Also enclosed is a check in the amount of \$25.00, representing payment of the filing fee. Please file accordingly.

Please call me if you have any questions or require additional information. Thank you for your courtesies in this regard.

Sincerely,

MEDavis

Mary Ellen Davis

MED/bcd
Enclosures

cc: Mr. and Mrs. William D. Lewis (w/enclosures;
via hand-delivery)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED FOX RUN, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM D. LEWIS
Name of Person

RED FOX RUN, LLC
Firm/Company

P. O. BOX 199
Address

WOODVILLE, FL 32362
City/State and Zip Code

gulfcoastlumber@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM D. LEWIS at (850) 421-1231
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: RED FOX RUN, LLC

2. (a) Principal office address of limited liability company: Red Fox Run, LLC

(Note: MUST BE STREET ADDRESS)

5831 Natural Bridge Rd.
Woodville, FL 32362

(b) Mailing address of limited liability company: Red Fox Run, LLC

(Note: MAY BE POST OFFICE BOX)

P. O. Box 199
Woodville, FL 32362

01/28/2003

L03000003333

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: HINES, JAMES P

Registered Office Address: 315 S. HYDE PARK AVENUE
TAMPA, FL 33606

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent: WILLIAM D. LEWIS

NEW Registered Office Address: 5831 NATURAL BRIDGE RD.
(MUST BE FLORIDA STREET ADDRESS) WOODVILLE, FL 32362

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 D. Lewis
Signature of a member or authorized representative of a member

WILLIAM D. LEWIS

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 D. Lewis
Signature of Registered Agent

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