L030000 17069

(Re	equestor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 28, 2003

MARCIA D. HIGGINS 12019 NW 136TH STREET ALACHUA, FL 32615-6551

SUBJECT: EXCITEMENT MOUNTS LLC

Ref. Number: L03000017069

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We have received your document for EXCITEMENT MOUNTS LLC. However, the document has not been filed and is being returned for the following:

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 903A00058575

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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 limited liability company is: <u>EXCITE MEAT MOUNTS</u> <u>LLC</u> .
2. The mailing address of the limited liability company is :
12019 NW 136TH STREET ALACHUA FL 32615
· · · · · · · · · · · · · · · · · · ·
7/N:1/12,2003 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name Williams
Business Filings INC. Name 1000 WEST AVENUE, SUITE/14 Address Minani Banch FL 33/39 City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Marcia A Hiccian
Name
MARCIA D. HIGGINS Name 12019 NW 136 STREET
Florida street address (P.O. Box NOT acceptable)
ALACKUA FI 32615
ALACHUA FL 32615 City, State and Zip
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. (Signature of a member of authorized typeresentative of a member)
(Signature of a member of authorized representative of a member)
THOMAS J HIGGINS
(Printed or typed name of signce)
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 auties, 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.
(Signature of Registered Agent)
Division of Cornerations P.O. Roy 6327 Tallahassaa Fl. 32314

FILING FEE: \$25.00