L03000032546

| <u></u> | |
|---|--------------------------|
| Cactus Well Court Properfies LL (Requestor's Name) P.O. BOX QUIDOS (Address) (Address) (Address) | 300025015073 |
| (City/State/Zip/Phone #) | 12/02/0301037001 **25.00 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | ##1# |
| Special Instructions to Filing Officer: 12/2 P/A: Change | O3 DEC -2 |

Office Use Only

03-32566

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the liability company agent, or both, in | provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned lives in the following statement in order to change its registered office or registered of Florida. | imited stered |
|--|--|--|
| 1. The name of the | he limited liability company is: Cactus Wren Court Properties, | LLC. |
| | ddress of the limited liability company is: POBOX 24668 | |
| | Uacksonville, Fl. 32241-4 | 1468 |
| 8/29/0 | 3 | |
| 3. Date of filing/ | registration in Florida 4. Document number | |
| The name of the Florida Depart | The set to the Warter | - |
| 6. The name and | Name 2729 South Murfield Blvd Address Uacksonville Fl. 32225 City, State and Zip 3225 address of the new registered agent and/or office: | ÷ • |
| | Meredith Allen Hernandez Name Name Florida street address (P.O. Box NOT acceptable) Vacksonville EL 32257 | 1 |
| | City, State and Zip | • • • |
| confirmed that af and the business liability company the members of the operating agr | collity company is not organized under the laws of the State of Florida, it is hereby five the change or changes are made, the Florida street address of the registered offic office of the registered agent will be identical. Or, in the case of a Florida limited of its hereby confirmed that the change(s) was/were authorized by an affirmative value in the limited liability company or as otherwise provided in the articles of organization reemon of the limited liability company. | ce rete of n or |
| Donald / (Printed or typed name | A. Radin e of signee) | |
| I hereby accept is comply with the pand I am familian Chapter 608, F,S address, Thereby (Signature of Register | the appointment as registered agent and agree to act in this capacity. I further agree to revisions of all statutes relative to the proper and complete performance of my during an accept the obligations of my position as registered agent as provided for the company of this document is being filed to merely reflect a change in the registered of the confirm that the limited liability company has been notified in writing of this change and the limited liability company has been notified in writing of this change and the limited liability company has been notified in writing of this change and the limited liability company has been notified in writing of this change and the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing of this change are likely as the limited liability company has been notified in writing as the limited liability as the limited liability company has been notified in writing as the limited liability as the li | ree to ities, r in fice rge. |
| | Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | |
| INHS18(10/99) | FILING FEE: \$25.00 | |