## [03000037321

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| (Re                                     | equestor's Name)       |             |  |  |
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| (Ad                                     | idress)                |             |  |  |
|   |                        |             |  |  |
| (Ad                                     | ldress)                |             |  |  |
| (Cit                                    | ty/State/Zip/Phone     | a #\        |  |  |
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| PICK-UP                                 | ☐ WAIT                 | MAIL        |  |  |
|   |                        |             |  |  |
| (Business Entity Name)                  |                        |             |  |  |
|   |                        |             |  |  |
| (Document Number)                       |                        |             |  |  |
|   |                        |             |  |  |
| Certified Copies                        | Certificates           | s of Status |  |  |
|   |                        |             |  |  |
| Special Instructions to Filing Officer: |                        |             |  |  |
|   |                        |             |  |  |
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DEPARTMENT OF STATE

J. BRYAN

SEP 1 1 2012

**EXAMINER** 



| UN SERVICE COMPANT                              |                           |            |             |            |
|---|---------------------------|------------|-------------|------------|
|   | ACCOUNT NO.               | :          | 12000000195 |            |
|   | REFERENCE                 | :          | _1 // /4//  |            |
|   | AUTHORIZATION             | :          | Spilleenar  |            |
|   | COST LIMIT                | :          | \$ 25.00    |            |
| ORDER DATE :                                    | September 10, 20          | 12         |             |            |
| ORDER TIME :                                    | 10:01 AM                  |            |             |            |
| ORDER NO. :                                     | 339829-005                |            |             |            |
| CUSTOMER NO:                                    | 7143029                   |            |             | E S        |
|   |                           |            |             |            |
|   | CHANGE OF A               | <u>GEN</u> | <u>T</u>    | Section A. |
| NAME: LONG GATE, L.L.C.                         |                           |            |             |            |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |                           |            |             |            |
| CERTIF  | FIED COPY<br>STAMPED COPY |            |             |            |
| CONTACT PERSON                                  | J: Becky Peirce           |            | EXT# 2919   |            |
|   |                           |            | EXAMINER:   |            |

## 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.

| in the plate of Profita.  |  |
|---|--|
| 1. Name of the limited liability company: LONG GATI   | E, Ĺ.L.C.  |
| 2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)  | ny: 2898 66th St. N. St. Petersburg, FL 33710  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | P.O. Box 47512<br>St. Petersburg, FL 33743   |
| 09/30/2003  | L03000037321   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| <ol> <li>(a) Registered Agent and Registered Office shown on<br/>Registered Agent:</li> </ol>   | Corporation Service Company  1201 Hays Street Tallahassee, FL 32301  |
| Registered Office Address:  | 1201 Hays Street Tallahassee, FL 32301   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  | EW Registered Office address:  Lawrence M. Lott  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 2898 66th St., N  St. Petersburg .EL 33710   |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  M. J. Manuagar M. (Signature of a member or authorized representative of a member) | e laws of the State of Florida, it is hereby confirmed the address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the |
| Lawrence M. Lott, Managing Member (Printed or typed name of signee)   |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.   | agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in a registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.                             |

(Signature of Registered Agent) Lawrence M. Lott

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00