## L0300004868

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood FLORIDA DEPARTMENT OF STATE GLENG 10 P 4: 51

Glenda E. Hood Secretary of State

September 27, 2005

SECRETARY OF STATE

BERRY J. WALKER JR 1053 MAITLAND CENTRE COMMONS MAITLAND, FL 32751

SUBJECT: ARIEL GARDENS MOBILE HOME PARK, LLC

Ref. Number: L03000048688

We have received your document for ARIEL GARDENS MOBILE HOME PARK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6097.

Letter Number: 505A00058937

Marsha Thomas Document Specialist

Division of Corporations P.O. BOY 6327 Tallahasson, Florida 32314

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

Pursuant to the provisi liability company subm agent, or both, in the Sta	ons of sections 608. its the following state ite of Florida.	416 or 608.508, ement in order to	Florida Statutes, the undersigned limited change its registered office or registered	d
1. The name of the limit	ted liability company	is: Arlel Ga	ardens Mobile Home Park, Cl	ا پر
2 The mailing address	of the limited liability	v company is:	27.93 Fig. (C) 1 mc O1	
128 South	Bumby (	Orlando	22803 48688 L030000 48688	
12-03	,		L030000 48688	
3. Date of filing/registra	ntion in Florida	$\overline{4}$	Document number	-
5. The name of the regis Florida Department o		_	e (ómmons	
6. The name and address	s of the new registere	d agent and/or off	fice:	
	Michael M 128 S Bo Florida street add Olando, City	Name vm by ress (P.O. Box No		
confirmed that after the and the business office of liability company, it is not the members of the lior the operating agreement (Signature of a member of author)  (Printed or typed name of signed)	change or changes are of the registered agent ereby confirmed that imited liability comparent of the limited liab	e made, the Florical will be identical, the change(s) was any or as otherwis ility company.	s of the State of Florida, it is hereby da street address of the registered office i. Or, in the case of a Florida limited as/were authorized by an affirmative vote se provided in the articles of organization e to act in this capacity. I further agree to and complete performance of my duties,	•
chapter 608, F.S. Or, is address, Thereby confirmation (Signature of Registered Agent)		ions of my position of filed to merely bility company ha.	e to act in this capacity. I further agree to r and complete performance of my duties, on as registered agent as provided for in reflect a change in the registered office us been notified in writing of this change.	