L04000014713

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JUL 2 0 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: WALKER Properties ORC, 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: | | |
| Charles Walker Name of Person | | |
| WAlker Properties one LLC Firm/Company | | |
| 12 Shore View COAD Address | | |
| POT WAShington NY 11050 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Charles Walker at (516) 526 5477 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 \$\infty\$ \$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: WALKE | 1 Properties ORC, LLC | |
|---|--|--|
| 2. (a) Principal office address of limited liability company | · • • • • • • • • • • • • • • • • • • • | |
| (Note: MUST BE STREET ADDRESS) | PORT WAShington NY 1/050 | |
| (b) Mailing address of limited liability company: | 703711 | |
| (Note: MAY BE POST OFFICE BOX) | Yor Washington NY 11050 | |
| 2(24/20029 | L0400000000000000000000000000000000000 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State | |
| Registered Agent: | TIMOTHY N Thomes Esp. | |
| Registered Office Address: | 99198 QUEISEAS EGHWAY | |
| | Key LAGO FL 33037 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| NEW Registered Agent: | Kristin Marie Binkley | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1968 NE 21 Terrace Jensen Beach FL 34957 | |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization | |
| Printed or typed name of signee | - | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. | |
| Signature of Registered Agent\ Division of Corporations P.O. Roy 62 | 27 Tallahassaa FI 32214 0 | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314. | | |