@cor Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000229473 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)205-0380

From:

ACCOUNT Name : MCLIN & BURNSED P.A.

Account Number : 104657003604 Phone : (352)753-4690 Fax Number : (352)751-4993

REGISTERED AGENT CHANGE

B3 LEESBURG SOUTH VENTURE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	535.00

Marca III March Congress Filing Public Access Help

https://efile.sunbiz.org/scripts/cfilcovr.exe

11/17/2004

MCLIN BURNSED (((H04000229473 3)))

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

liability company submit agent, or both, in the Stat	s the following states e of Florida.	16 or 008 308. Florida Statutes, i ment in order to change its registe	red office or registered
1. The name of the limits	d liability company i	s: B3 Leesburg South Venture	, LLC
		company is : 1028 Lake Sumler	
The Villages, Florida 3			
		L04000032191	
3. Date of filing/registrat	ion in Florida	4. Uncument numb	er
5. The name of the registe Florida Department of	ered agent and the reg State:	gistered office address as shown on	the records of the
-	R. Dewey Burnse	ed	
	976 Del Mar Driv	Name e	
		Address	
	The Villages, Flor	ride 32159 y, State and Zip	
6 The manner of Laddense			
6. The name and address	of the new testreten	agent androg onice:	
	1028 Lake Sumte	Name er Landing	
	Florida street addr	css (P.O. Box NOT acceptable)	Mary II
	The Villages	FL 32162	
		, State and Zip	:
confirmed that after the cand the business office of liability company, it is he	hange or changes are the registered agent reby confirmed that t d liability company o	d under the laws of the State of Flo made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized to or as otherwise provided in the article or company.	the registered office a Florida limited by an affirmative vote of tles of organization or
- War	1/		ćɔ
(Signature of Minimum or author	azed representative of a mer	mbox)	
R. Dewey Burnsed			
(Printed or speed name of signed I hereby accept the appro- comply with the provision and I am familiar with an Chapter 608, F.S. Or if address. I hereby confirm	intmeni as registered	agent and agree to act in this capa tive to the proper and complete per ons of my position as registered ag g filed to merely reflect a change in thity company has been notified in v	city I further agree to formance of my duties. on a provided for in a the registered office writing of this change.
(Signature (Registred Agent)	,		
Divisio	on of Corporations,	P.O. Box 6327, Tallahassee, FL 3	32314
INHS18(10/99)	FIL	ING FEE: \$25.00	
	(((H)))	4000229473 3)))	

WOTITE BOLITEADN