

L04000045487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

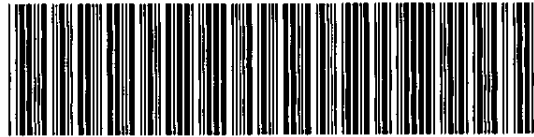
(Business Entity Name)

(Document Number)

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T. CLINE

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EXAMINER

GRAY ROBINSON
ATTORNEYS AT LAW

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November 13, 2012

Florida Department of State
Division of Corporations
ATTENTION: JUDY
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: Reinstatement of On the Hook, LLC
Document # L04000045487
Our File No. 410235-2

Dear Judy:

As we discussed this morning, enclosed is an executed **Reinstatement Form for On the Hook, LLC**, which was administratively dissolved in 2011. **PLEASE FILE THIS REINSTATEMENT.**

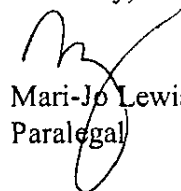
Also enclosed are **Articles of Amendment to Articles of Organization of On the Hook, LLC**, changing its name to **On the Hook of Polk County, LLC**. **PLEASE FILE THESE ARTICLES AFTER THE REINSTATEMENT HAS BEEN FILED.**

This firm's check in the amount of \$125.00 is enclosed, for the combined cost of the reinstatement (\$100.00) and the amendment (\$25.00).

Upon receipt of this request, please date-stamp the copy of this letter, and call me when the original reinstatement and articles of amendment are ready to be picked up.

Thank you, as always, for your assistance.

Sincerely,


Mari-Jo Lewis-Wilkinson
Paralegal

Enclosures
4102352 - # 1310533 v1

FILED
2012 NOV 14 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ON THE HOOK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 16, 2004 and assigned
Florida document number 1040000454487.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ON THE HOOK OF POLK COUNTY, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2919 LONG BRANCH ROAD

SPENCER, TENNESSEE 38585

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2919 LONG BRANCH ROAD

SPENCER, TENNESSEE 38585

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHRISTOPHER M. FEAR

New Registered Office Address:

ONE LAKE MORTON DRIVE

Enter Florida street address

LAKELAND

Florida 33801

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

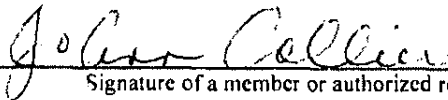
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JO ANN COLLIER	2919 Long Branch Road	<input type="checkbox"/> Add
		SPENCER, TENNESSEE 38585	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 11 40 AM '78

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 9, 2012



Signature of a member or authorized representative of a member

JO ANN COLLIER, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
NOV 14 AM 9:36
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TALLAHASSEE, FLORIDA