## L040000 50316

Office Use Only



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09/10/07--01030--024 \*\*35.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PROSPERITY LAND HOLDINGS, 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:
Charity Wely  (Name of Person)
Prosperity Bank
100 Southpark BWZ.
City/State and Zip Code)
For further information concerning this matter, please call:
Chavity Well at (904) 823-3902 (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
Enc' seed is a check for the following amount:
, 25 Filing Fee
* The original check for INHS18 (8/05) \$35.00 has been cashed. Tamenclosing



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2007

CHARITY WELU PROSPERITY BANK 100 SOUTH PARK BLVD ST AUGUSTINE, FL 32086

SUBJECT: PROSPERITY LAND HOLDINGS, LLC

Ref. Number: L04000050316

We have received your document for PROSPERITY LAND HOLDINGS, 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

(s).

Letter Number: 707A00053787

## 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. The name of the limited liability company is: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State Name Address 6. The name and address of the new registered agent and/or office: orida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. a member or as horized representative of a member) (Signature of 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 6081 F.S. (Ir., if this accument 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)