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COVER LETTER

TO: Registration Section Division of Corporations			
	eek Shoppes, LLC 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:			
Alan C. Charron Name of Person	<u> </u>		
Name of Person			
Hunter's Creek Shoppes, LLC			
Fìrm/Company			
2345 W. Sand Lake Rd., Suite 100			
Orlando, FL 32809			
City/State and Zip Code			
alan@realpropertyspecialists.com E-mail address: (to be used for future annual report notification			
E-mail address: (to be used for future annual report notification	n)		
For further information concerning this matter, plea	se call:		
Alan C. Charron at (407) 812-8000		
· Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$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.

450.11, or com, crare of 1 to			
1. Name of the limited liability company:	Hunter's Creek Shoppes.	LLC	
2. (a) Principal office address of limited liability com	pany: 2345 W. Sand Lak	e Rd., Suite 100	
(Note: MUST BE STREET ADDRESS)			
(======================================	Orlando, FL 32809		
(b) Mailing address of limited liability company:	2345 W. Sand Lak	e Rd., Suite 100	
(Note: MAY BE POST OFFICE BOX)			
	Orlando, FL 32809		
08/27/2004	L04000063826	,	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	ot. of State:	
Registered Agent:	Alan C. Charron	<u> </u>	
Registered Office Address:	6700 Conrov Rd., Suite 2	99 80 80 80 80 80 80 80 80 80 80 80 80 80	
	Orlando, FL 32835 ➤	-	
	<i></i>	% 5	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address		
NEW Registered Agent:	Alan C. Charron		
NEW Registered Office Address:		ੁਤਮਤ W. Sand Lake Rd.⊁Suite 100	
(MUST BE FLORIDA STREET ADDRESS)	Orlando	FL32809	
	•		
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	he Florida street address of the relidentical. Or, in the case of a Flor	gistered office ida limited offirmative vote	
Alan C. Charron			
Printed or typed name of signee	and agree to get in this conscitu	I fuuthan aanaa ta	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am figurities with and accept the obligations of m Chapter 648, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	ind agree to act in this capacity. It is proper and complete performantly position as registered agent as o merely reflect a change in the responsible in writing	i furiner agree to ice of my duties, provided for in egistered office of this change.	
Signature of Registered Agent/			

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

INHS18 (05/08)