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SECRETARY OF STATE DIVISION OF CORFORATIONS



COVER LETTER

TO: Registration Section Division of Corporations	·			
Division of Corporations		CONTRACT		
SUBJECT: GulfPoint Properties, LLC	**************	TO MARK TO BE SEEN AND A		
	ted Liability Company)	so to mud		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted	for filing.		
Please return all correspondence concerning this	matter to the following:			
Heather McCann				
(Name of Person)				
Kyler Kohler & Ostermiller, LLP		~) ^[]		
(Firm/Company)		SECRETAR DIVISION OF C 2006 OCT -9		
856 South Sage Drive, Suite 2		RETAIN OF		
(Address)		LED RY OF S CORPOR		
Cedar City, Utah 84720		SIMIE ORATII 12:		
(City/State and Zip Code)		919		
For further information concerning this matter, p	lease call:			
Heather McCann at	7 435 × 586-9366			
(Name of Person)	(435) 586-9366 (Area Code & Daytime T	elephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following ar	nount:			
\$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.

1. The name of the limite	ed liability compa	ny is: GulfPoint Pro	perties, LLC			•
2. The mailing address of	f the limited liabi	lity company is: _				
375 Falls Point Trail, Alpha	retta, Georgia 300	22				
L04000066439			09/09/2004			
3. Date of filing/registration in Florida		4. Document num	ıber			
5. The name of the register Florida Department of		e registered office a	address as shown o	on the record	ls of t	he
•	-Douglas M. Ne	elson				
		Name				
4001 Hillcrest Drive, No. 1002						
		Address				
Hollywood, Florida 33021					2	Ū
		City, State and Zi	P		200	SIAI
6. The name and address	of the new registe	ered agent and/or o	ffice:		2006 OCT -9	CRE
	Jack Callahan				Į,	옥돌고
		Name				980
	451 Central Parl				НA	13 A C
	Florida street a	ddress (P.O. Box N	NOT acceptable)		?:	AT AT
•	Largo	FL 3377	1		19	SHO]
	C	City, State and Zip				
If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of member or authority).	nange or changes the registered agreeby confirmed the nited liability compt of the limited li	are made, the Flor ent will be identica at the change(s) w appany or as otherw ability company.	ida street address on the case of the case	of the registe of a Florida d by an affiri	ered o limite mativ	ffice d e vote
Dayslan M. Nalaan						
Douglas M. Nelson (Printed or typed name of signee)						
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signaple of Registered Agent)		red agent and agreelative to the properations of my positive in filed to mereliability company h	ee to act in this caper and complete pe ion as registered a y reflect a change as been notified in	pacity. I furn rformance of gent as prov in the regist writing of to	ther a of my c vided j ered c his ch	gree to duties, for in office ange.

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