Division of Corporations 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.

(((H12000282364 3)))



H120002823643ABC

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)617-6383

From:

Account Name : FALLACE & LARKIN. L.C.

Account Number : 120000000191

: (321)951-9900

Fax Number

: (321) 724-6002

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC REGISTERED AGENT CHANGE ARBOR WOODS INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2012 DEC -3 AN 8: 03
SECRETARY OF STATE
IALL AHASSEF ELOBINA

Electronic Filing Menu

Corporate Filing Menu

Help

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

N. Cunigan DEC - 4 2012

To: 18506176383

## 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.

again, or bong notice at a contract				
Name of the limited liability company:	Arbor Woods Investments, LLC			
2. (a) Principal office address of limited liability com				
(Note: MUST BE STREET ADDRESS)				
	Vero Beach, FL 32966			
(b) Mailing address of limited liability company:	206 1910 82nd Avenue, Ste. <del>102</del>			
(Note: MAY BE POST OFFICE BOX)	Vero Beach, FL 32966			
September 30, 2004	L0400007136			
3. Date of filing/registration in Florida	A No.			
J. Date of filing registration in Conda	4. Document number			
5. (a) Registered Agent and Registered Office shows				
Registered Agent:	David G. Larkin			
	Fallace & Larkin, L.C.			
Registered Office Address:	Fallace & Larkin, L.C. O CONTROL OF THE STREET OF T			
	Melbourne, FL 32901			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Jim Adams			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1910 82nd Avenue, Ste. 102 2010			
(MUSI BE FLUKIDA SIKELI ADDRESS)	Vero Beach ,FL 32966			
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization			
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of I Chapter 108, F.S. Or lif this document is being filed address, Thereby confirm that the limited liability confirms that the limited liability confirms the liability confirms the liability confirms	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.			
Signature of Registered Agent  Division of Cornerations P.O. P.	(227 T-llabores El 22214			
Z Z TIMURIAN AT FORMANATIONS U ( ) U	OV DAZZ FOLIODOGGO HI 4741/1			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00<sub>H12000282364</sub> 3