

**L04000073607**

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

*PLEASE FILE  
AS OF  
9/23/08*

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TALLAHASSEE FLORIDA

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**REGISTERED AGENT CHANGE**

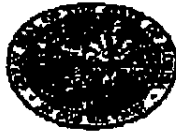
**HORIZON PERDIDO, LLC**

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September 30, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AGENTS AND CORPORATIONS

SUBJECT: HORIZON PERDIDO, LLC  
REF: L04000073607

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return 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) 245-6067.

Neysa Culligan  
Document Specialist

FAX Aud. #: H08000221245  
Letter Number: 608A00051348

RECEIVED  
2008 SEP 30 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**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. Name of the limited liability company: HORIZON PERDIDO, LLC

2. (a) Principal office address of limited liability company: 18954 County Road 10  
Foley, AL 36535  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 18954 County Road 10  
Foley, AL 36535  
*(Note: MAY BE POST OFFICE BOX)*

3. Date of filing/registration in Florida: 10/11/2004  
4. Document number: L0400073607

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: CT CORPORATION SYSTEM  
Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Agents and Corporations, Inc.  
NEW Registered Office Address: 800 Fifth Avenue South, Suite 101-390  
Naples, FL 34102  
*(MUST BE FLORIDA STREET ADDRESS)*

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 this 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.

James B. Sides  
(Signature of a member or authorized representative of a member)  
James B. Sides  
(Printed or typed name of signer)

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 600, 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.

[Signature]  
(Signature of Registered Agent)

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

INHS18 (05/08)

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