

W4 0000 77513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2009 DEC 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 22 2009

EXAMINED

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: OLD DIXIE PARTNERS, LLC

2. (a) Principal office address of limited liability company: 1457 N. U.S. Hwy. 1, Suite 24



(Note: MUST BE STREET ADDRESS)

Ormond Beach, FL 32174

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

1457 N. U.S. Hwy. 1

Suite 24

Ormond Beach, FL 32174

10/21/04

L04000077513

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Rich Smith

Registered Office Address:

267 Old Moody Blvd.

Palm Coast, FL 32164

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent:

Thomas Cooke

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1457 N/ U.S. Hwy.

Suite 24

Ormond Beach

2009 DEC 21
SECRETARY OF
TALLAHASSEE

FL 32174

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.

Thomas Cooke
Signature of a member or authorized representative of a member

Thomas Cooke

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 608, 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.

Thomas Cooke
Signature of Registered Agent

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