LO4010078358

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |

Office Use Only



RECEIVED

07 JUL 16 PHI2: 22

800105315908

07/17/07--91003--010 **1650.00

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 limit | ed liability company is: <u> </u> | egacy Communities of Hillscrest Estate | s, LLC |
|---|--|--|---|
| 2. The mailing address of | of the limited liability com | pany is : | |
| 101 North Monroe Street | , Suite 900, Tallahassee, Fl | orida 32301 | |
| 10/28/2004 | | L04000078358 | |
| 3. Date of filing/registration in Florida | | 4. Document number | |
| 5. The name of the regist Florida Department of | | red office address as shown on the | e records of the |
| , | Charles L. Cooper, J. | - . | 4 |
| | 1 | Name | O7 AL |
| | 3520 Thomasville Road | | |
| | | ddress | |
| | Tallahassee, FL 32309 | ate and Zip | 185 on 3 |
| | • * | • | F6 2 11 |
| 6. The name and address | of the new registered age | nt and/or office: | PH 12: |
| | Charles L. Cooper, Jr. | , | H 12: 22 JF STATE JF STATE |
| | _ | nme | DE L |
| | 101 North Monroe Stree | | ,,,, |
| | Florida street address (| P.O. Box NOT acceptable) | |
| | Tallahassee | FL 32301 | <u></u> |
| | City, Sta | te and Zip | _ |
| confirmed that after the cand the business office of liability company, it is he of the members of the li or the operating agreement. | change or changes are made f the registered agent will ereby confirmed that the c | | e registered office Florida limited an affirmative vote |
| (Printed or typed name of signed | RKE | | |
| I hereby accept the apportunity with the provision and I am familian with a Chapter 608, F.S. Or, if address, I hereby confirm | pintment as registered age ns of all statules relative t nd acceptine obligations this dogument is being fil n that the limited Nability | nt and agree to act in this capacit o the proper and complete perfori of my position as registered agent ed to merely reflect a change in th company has been notified in writ | y. I further agree to mance of my duties, as provided for in he registered office ing of this change. |

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