

LD5 000021258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

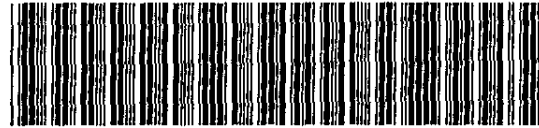
(Business Entity Name)

(Document Number)

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03/14/08 11:53  
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MONTGOMERY COUNTY, MD

LD5-21258  
qe



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

TODD WATSON  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256

SUBJECT: CHS LAND COMPANY, LLC  
Ref. Number: L05000021258

We have received your document for CHS LAND COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 306A00018075

RECEIVED  
MAR 27 PM 1:53  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHS Land Company, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L05000021258

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Watson  
(Name of Contact Person)

(Firm/Company)

7785 Baymeadows Way, Suite 107  
(Address)

Jacksonville, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Watson at ( 904 ) 739-9747  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**TODD WATSON**  
**ATTORNEY AT LAW, P.A.**

SUITE 107  
7785 BAYMEADOWS WAY  
JACKSONVILLE, FLORIDA 32256

TELEPHONE (904) 739-9747  
FACSIMILE (904) 739-9748

March 23, 2006

Florida Dept of State  
Registration Section  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Re: CHS Land Company, LLC

Dear Sir or Madam:

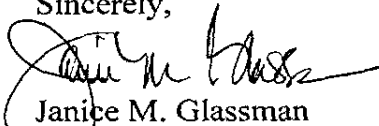
Enclosed are the following:

1. Your letter dated March 16, 2006; and
2. Proper Registered Agent Change form.

Since we originally remitted \$35.00 for the change and the proper charge is \$25.00, please send us a refund for the difference.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,



Janice M. Glassman  
Legal Assistant

/jg  
Enclosures

RECEIVED  
MAR 27 PM 1:55  
FBI - TAMPA

**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 limited liability company is: CHS Land Company, LLC.
2. The mailing address of the limited liability company is : 2724 Cove View Drive North,  
Jacksonville, FL 32256

3/3/2005

L05000021258

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kevin A. Schoepfel

Name

50 North Laura St., Suite 1600

Address

Jacksonville, FL 32202

City, State and Zip

6. The name and address of the new registered agent and/or office:

Todd Watson, Attorney at Law

Name

7785 Baymeadows Way, Suite 107

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32256

City, State and Zip

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.

  
(Signature of a member or authorized representative of a member)

Pamela Schoepfel

(Printed or typed name of signee)

*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.*

  
(Signature of Registered Agent)

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