## . L05000 21329

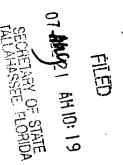
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| ` ,                                     |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)      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

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08/21/07--01032--003 \*\*25.00



## **COVER LETTER**

Registration Section

| Divis                             | ion of Corporations   |   |         |
|-----------------------------------|---|---|---------|
| SUBJECT:                          | Trademark Homes, LLC  |   | ,       |
|                                   | (Name of )  | Limited Liability Company)  |         |
| Dear Sir or N                     | Лаdam:  |   |         |
| The enclosed                      | l Registered Agent/Registered (   | Office Change and fee(s) are submitted for filing.  |         |
| Please return                     | all correspondence concerning   | this matter to the following:   |         |
| Tommy D.                          | Permenter, Jr., Esquire   |   |         |
|                                   | (Name of Person)  | ·   | 2       |
| The Perme                         | enter Law Firm, P.A.  |   |         |
|                                   | (Firm/Company)  |   | 靈       |
| 2603 S.E. 1                       | 17th Street, Suite B  |   | FOR     |
|                                   | (Address)   |   | 劉       |
| Ocala, Florid                     | da 34471  |   | ·       |
|                                   | (City/State and Zip Code)   |   |         |
| For further in                    | nformation concerning this matt   | ter, please call:   |         |
| Tommy D. F                        | Permenter, Jr., Esquire   | at ( 352 ) 622-1811   |         |
|                                   | (Name of Person)  | (Area Code & Daytime Telephone N  | lumber) |
| Regis<br>Divisi<br>Clifto<br>2661 | CET/COURIER ADDRESS:<br>tration Section<br>ion of Corporations<br>in Building<br>Executive Center Circle<br>hassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |         |
| Enclo                             | osed is a check for the following   | ng amount:  |         |
| <b>✓</b> \$2                      | 5 Filing Fee  | \$55 Filing Fee & Certified Copy  |         |

## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisi<br>liability company submi<br>agent, or both, in the Sta   | its the following stat  | .416 or 608.508, Florida Statute<br>tement in order to change its reg  | es, the undersigned limited<br>istered office or registered  |
|--|---|--|--|
| 1. The name of the limi  | ted liability company   | is: Trademark Homes, LLC   | ·  |
| 2. The mailing address   | of the limited liabilit   | y company is : <u>3877 SE Lake W</u>   | eir Avenue, Ocala, FL 3448   |
|  |   |  | ·  |
| March 2, 2005  |   | L05000021329   | )  |
| 3. Date of filing/registra   | ation in Florida  | 4. Document nu   | mber   |
| 5. The name of the regis<br>Florida Department o   | f State:  | registered office address as shown   | on the records of the  |
|  | Toby Young  |  | _  |
|  | 15780 SE 105t   | Name   |  |
|  | 13760 SE 1030   | Address  | - 0,   |
|  | Summerfield, F  |  | 超 🗲  |
|  |   | ity, State and Zip   |  |
| 6. The name and address  | s of the new registere  | ed agent and/or office:  | 21 AH IO: 19   |
|  | Michael S. Sm   |  |  |
|  | Name  |  |  |
|  | 3819 SE 38th Loop  Florida street address (P.O. Box NOT acceptable)   |  |  |
|  | riorida street add  | ness (F.O. Box 1401 acceptable)  |  |
|  | Ocala,  | FL 34480   | · · · · · · · · · · · · · · · · · · ·  |
|  | Cit   | ty, State and Zip  |  |
| confirmed that after the and the business office cliability company, it is h   | change or changes a<br>of the registered ager<br>hereby confirmed tha<br>imited liability comp                                | zed under the laws of the State of re made, the Florida street address it will be identical. Or, in the cast the change(s) was/were authorized any or as otherwise provided in the bility company. | s of the registered office<br>e of a Florida limited<br>ed by an affirmative vote  |
| (Signature of a member or auth   | orized representative of a m  | nember)  |  |
| Michael S. Smith (Printed or typed name of signs   | ee)   | <del></del>  |  |
| I hereby accept the app<br>comply with the provision<br>and I am familiar with a<br>Chapter 608 FFS. Or, i<br>address, I hereby confir | pointment as register<br>ons of all statutes rel<br>and accept the obliga<br>of this document is be<br>m that the limited lia | ed agent and agree to act in this clative to the proper and complete ations of my position as registered ing filed to merely reflect a changability company has been notified                      | capacity. I further agree to performance of my duties, lagent as provided for in see in the registered office in writing of this change. |
| (Signature of Registered Agent   | )   |  |  |
| / Divis  | sion of Corporations  | s, P.O. Box 6327, Tallahassee, F   | L 32314  |

FILING FEE: \$25.00

INHS18 (8/05)