Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001026383)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BUCHANAN INGERSOLL & ROONEY

Account Number : I20090000030 Phone

: (813)222-8180

Fax Number

: (813)222-8189

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Dale. Webber@bipc.com

## LLC REGISTERED AGENT CHANGE GARDEN GROVE PROPERTIES, LLC

Certificate of Status	1
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G. MCLEOD

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**EXAMINER** 

INHS18 (5/08)

## (((H11000102638 3)))

## **COVER LETTER**

Division of Corporations	
•	
SUBJECT: Garden	Grove Properties, LLC
Name of La	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered On	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Dale S. Webber, Esquire Name of Person	
Buchanan Ingersoll & Rooney   Firm/Company	PC
1 mis company	•
401 E. Jackson Street, Suite 25	500
Address	
Tampa, FL 33602	·
City/State and Zip Code	
dale.webber@bipc.com  E-mail address: (to be used for future annual report no	
B-mail address: (to be used for future annual report no	ufication)
For further information concerning this matter	r, please call:
Dale S. Webber	at ( 813 ) 222-8187
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

(((H11000102638 3)))

## r. 18. 2011 3:21PM Buchanan Ingersoll & Rooney LLP No. 0416 P. 3 ((GILLURIDZES 3))) 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.

Name of the limited liability company.	Garden Grove Properties, LLC
(a) Principal office address of limited liability con	OADA Orantina Olah Mara
(Note: MUST BE STREET ADDRESS)	Sarasota, FL 34243
(b) Mailing address of limited liability company:	6134 Country Club Way
(Note: MAY BE POST OFFICE BOX)	Sarasota, FL 34243
3/23/2005	L05000030297
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Linda L. Fleming, Esq.
Registered Office Address:	Buchanan Ingersoll & Rooney PC 401 E. Jackson Street, Sulte 2500 Tampa, FL 33602
(b) Enter name of NEW Registered Agent and/or	r <u>NEW Registered Office address</u> :
NEW Registered Agent:	Dale S. Webber, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Buchanan Ingersoll & Rooney PC 401 E. Jackson Street, Suite 2500 Tampa ,FL 33602
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability con	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	ECRE AP
Wayne R. Webster Printed or typed name of signee	ASE =
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I surther agree to he proper and complete performance of my faities, my position as registered agent as provided for into merely reflect a change in the registered affice mpany has been notified in writing applys change.
Signature of Registered Agent	

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