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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
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| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | ch | | |
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M HODBAN

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.

| agent, or both, in the S | ate of Fioriaa. | | | |
|--|--|--|---|--|
| 1. The name of the lim | ited liability company is: | Montecito Canyons, LLC | · | |
| 2. The mailing address | of the limited liability co | ompany is: 7785 Baymeado | ows Way, Suite 200, | |
| Jacksonville, FL 32 | | | • | |
| 04/20/05 | | L0500003864 | L05000038646 4. Document number | |
| 3. Date of filing/registration in Florida 4. I | | 4. Document nur | | |
| 5. The name of the regi Florida Department | | stered office address as shown | on the records of the | |
| | 4309 Pablo Oaks 0 | Name | - | |
| | Jacksonville, FL 3 | Address 2224 State and Zip | | |
| 6. The name and addre | ss of the new registered a | • | | |
| Douglas R. Maxwell | | . es. 1 24 | | |
| | | Name Park Blvd., Suite 200A | | |
| | Florida street addres | s (P.O. Box NOT acceptable) | · | |
| | Jacksonville | _{FL} 32256 | | |
| | City, S | State and Zip | • | |
| confirmed that after the and the business office liability company, it is the members of the lim the operating agreement. | change or changes are most the registered agent whereby confirmed that the | <u></u> | of the registered office of a Florida limited d by an affirmative vote of | |
| | · , VP and Assistant Sec | | | |
| (Printed or typed name of sign | | | | |
| I hereby accept the ap comply with the provisi and I am familiar with Chapter 608, F.S. Or, address, I hereby confi (Signature of Registered Ager | Majarell | gent and agree to act in this co e to the proper and complete p is of my position as registered filed to merely reflect a chang ty company has been notified i | apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office n writing of this change. | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00