105000038947

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates	s of Status					
Special Instructions to Filing Officer:						
	ess) State/Zip/Phone WAIT ess Entity Nar ment Number) Certificates					

Office Use Only



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03/28/16--01021--007 **110.00

2016 MAR 28 AM II: TO

K.SALY EXAMINER MAR 30

COVER LETTER

Registration Section

TO:

Divi	sion of Corporations					
SUBJECT:	Spring Lane Ranch, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fo	llowing:			
Robert B.	Judd, Esquire					
	Name of Person					
Hacklema	n, Olive & Judd, P.A.					
	Firm/Company		•			
2426 East	Las Olas Boulevard					
	Address		•			
Fort Laude	erdale, FL 33301					
	City/State and Zip Code		•			
rjudd@hoj	law.com					
E-mail	address: (to be used for future ann	nual report notifica	ition)			
For further it	nformation concerning this matter,	please call:				
Robert B.	Judd	954 at (334-2250			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	estration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
2 \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Spring Lane I	Ranch,	LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_		
		04/18/2005		L0500	00038947
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Heather K. Shea			
J. ((u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 2028 Shepherd Road, #202			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		C/O Shea			2016 MAR
		Mulberry ,FL	33860	1	SS 28
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
		Robert B. Judd, Esquire, c/o Hackleman, Olive & Judd, P.A.			
		NEW Registered Office Address:			
		2426 East Las Olas Boulevard			
		Fort Lauderdale , FL	33301		
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability c of the lin limited	stered of ompany, nited lial liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
		11-16-67	He	ather K	. Shea, MGR
	_	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to no	ovisie obli mere tified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address, I it in writing of this change.	ee to ac perform d for in hereby c	t in this nance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or. if this document is being filed hat the limited liability company has been
Sig	gnatu	re of Registered Agent			