

LO5000046403

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

2008 JUL 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
MYAKKA - EL JOBEAN PROPERTIES, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXA

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Help

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. Name of the limited liability company: MYAKKA - EL JOBEAN PROPERTIES, LLC

2. (a) Principal office address of limited liability company: 300 BAY HEIGHTS
(Note: **MUST BE STREET ADDRESS**) ENGLEWOOD, FLORIDA 34223

(b) Mailing address of limited liability company: 300 BAY HEIGHTS
(Note: **MAY BE POST OFFICE BOX**) ENGLEWOOD, FLORIDA 34223

5/10/2005

3. Date of filing/registration in Florida

L05000046403

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JOHN M. BRUNSON

Registered Office Address:

4250 CENTRAL AVENUE
ST. PETERSBURG, FL 33711

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

DOROTHY L. KORSZEN

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

FARR LAW FIRM

33 S. INDIANA AVENUE

ENGLEWOOD FL 34223

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 member or authorized representative of a member)

RON GREENLAND

(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