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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. The name of the limited liability company is: Burke Maple Terrace, LLC

2. The mailing address of the limited liability company is : 17261 Charles Road, Punta Gorda, Florida

33065	
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May 11, 2005

3. Date of filing/registration in Florida

4. Document number

105000046969

5. The name of the registered agent and the registered office address as shown on the records of the Flor da Department of State:

David A. Holmes		D
Name	0	
Farr, Farr, Emerich, Hackett and Carr, P.A., 99 Nesbit Street		SEC
Address	FEB	ORE
Punta Gorda, FL 33950	28	27
City, State and Zip		
6. The name and address of the new registered agent and/or office:	AM	Sec.
Betty Burke	ç	مې ار ^د ې
Name	N	25
17261 Charlee Road	8	С К С
Florida street address (P.O. Box NOT acceptable)		
Punta Gorda pt. 33955		
City, State and Zip		•
If the limited liability company is not organized under the laws of the State of Florida, it is here	sby Loffice	

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.

Be	the 7	r. 13	whe	vs of a member)	
(Signature of a	memberd	or sutionized	representati	vs of a member)	1

Betty Burke

(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 camply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position of 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 flability company has been notified in writing of this change.

(S Busture of Registered Apent)

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

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