Division of Corporations Electronic Filing Cover Sheet

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.

(((H13000223059 3)))



H130002230593ABCZ

| | generate another cover sheet. |
|-------|---|
| To: | Division of Corporations |
| | Fax Number : (850)617-6383 |
| From: | |
| | Account Name : SHUTTS & BOWEN LLP (ORLANDO) |
| | Account Number: I20030000004 |
| | Phone : (407) 835-6959 |
| | Fax Number : (407)843-4076 |

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

| Rmail | Address: | robertcross@greenway.com | |
|-------|----------|--------------------------|------|
| | | | |

LLC REGISTERED AGENT CHANGE HICKORY HOLLOW LAND ACQUISITIONS FR, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

OCT -7 PH 5: 00

Electronic Filing Menu

Corporate Filing Menu

Help

K.SALY EXAMINER OCT -8 2013

(((H13000223059 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.

| 1. | Nair | ne of the limited liability company: HICKORY HOL | LOW LAND ACQUISITIONS FR. LLC | | | |
|---|---|--|---|--|--|--|
| 2. | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 9001 East Colonial Drive Orlando, FL 32817 | | | |
| | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 9001 East Colonial Drive Orlando, FL 32817 | | | |
| | lune | : 2, 2005 | L05000055484 | | | |
| 3. | Date | of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on the record | | | ecords of the Florida Dept. of State: | | | |
| | | Registered Agent: | Fowler White Boggs P.A. | | | |
| | | Registered Office Address: | 50 North Laura Street, Suite 2800 Jacksonville, FL 32202 | | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| | | NEW Registered Agent: | Corporation Company of Orlando | | | |
| | | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | <u>300 South Orange Avenue</u> <u>Suite 1000 (JGH)</u> <u>Orlando</u> , FL <u>32801</u> | | | |
| afi the the oth | er the reginal the nerwis | mited liability company is not organized under the laws change or changes are made, the Florida street address stered agent will be identical. Or, in the case of a Florid change(s) was/were authorized by an affirmative vote of se provided in the articles of organization or the operating of a member or authorized representative of a member | of the registered office and the business office of a limited liability company, it is hereby confirmed the members of the limited liability company or as | | | |
| <u>Ed</u> Pri | ward nied oi | M. Alden, Authorized Representative typed name of signee | - | | | |
| 1 li the an do lia | ereby e prov d acc cume ibility | accept the appointment as registered agent and agree to visions of all statutes relative to the proper and complete rept the obligations of my position as registered agent nt is being filed to merely reflect a change in the register company has been notified in writing of this change. | o act in this capacity. I further agree to comply with p performance of my duties, and I am familiar with as provided for in Chapter 608, F.S. Or, if this red office address, I hereby confirm that the limited | | | |
| E) | ORPC | J. Gregory Humphries, Vice President of Registered Agent | - | | | |