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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: <u>LAURE Wood Ha</u> Name of Limite	oldings 2, LLC d Liability Company	· •		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	or filing.		
Please return all correspondence concerning this m	natter to the following:			
DONALD PARKE				
LAUrel Wood Holdings 2, LLC Firm/Company		20101 SEC TALL		
11845 Fllison-Wilson Address	Rd	TALLAHASSEE		
North Palm Beach, FL City/State and Zip Code	<u>334</u> 08	PH 1: 00 SEE, FLORIDA		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, ple	ase call:			
CAroly Woolley at (561) 628-2994 Area Code & Daytime Telephone I	Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified C	Copy #3336		

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.

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1. Name of the limited liability company:	(Wood HoldINGS 2, LLC
2. (a) Principal office address of limited liability company	: 1940 Circle Drive
(Note: MUST BE STREET ADDRESS)	North PAlm Beach FL
(b) Mailing address of limited liability company:	1940 Circle Drive
(Note: MAY BE POST OFFICE BOX)	North Palm Beach, FL 33408
7-27-2005	1050000 73822
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CArolyn Woolley
Registered Office Address:	1940 Circle Drive North PAlm Bouck FZ
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address TO TO NAID PAY ROS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11845 Ellison Wilson Ra North Polm Beach FL 33408
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	