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SECRETARY OF STATE
SECRETARY OF FLORIDA

COVER LETTER

To: Registration Section Division of Corporations	·	
SUBJECT: Lake Griffen Town (Name of Limited I		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	
Erica Walker (Name of Person)		
Lake Griffin Town Homes, LLC (Firm/Company)		
P.O. Box MOUV9 (Address)		
Winter Gurden To 34MM (City/State and Zip Code)		
For further information concerning this matter, please call:		
Crica Walker at (40) 40-0398 (Name of Person) (Area Code & Daytime Telephone 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 Copy	

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: Lake Gin Fin Town Homes Cuc.
2. The mailing address of the limited liability company is: P.O. Boy Moule9.
Winter Alerden F 34777
September 39 3005 LO500.
3. Date of filling/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State: State:
Dos C Name
Address
Winter Garden, Fr 34981
City, State and Zip
6. The name and address of the new registered agent and/or office:
- MICHIE THOUGH
Florida street address (P.O. Box NOT acceptable) Sanford FL 32001
Florida street address (P.O. Box NOT acceptable)
Sanford, FL 32nni PA 32
City, State and Zip
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 a member or synthorized representative of a member)
Asignature of a member of support representative of a member)
(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 accument 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
INHS18 (8/05)