## L050000 93166

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: STEINHATCHEE RIVER DEVE (Name of Limited L	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Gregory S. Parker, Esquire  (Name of Person)	<u></u>
The Parker Law Firm  (Firm/Company)	SHOW THE ARTION OF STATE SHOWING THE PLONIES.
Post Office Drawer 509	· · · · · · · · · · · · · · · · · · ·
(Address)	STATE
Perry, Florida 32348	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Gregory S. Parkerat (85)	o <sub>)</sub> 223-1990
(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 amoun	ıt:

☐ \$55 Filing Fee & Certified Copy

**✓** \$25 Filing Fee

## \* 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 limite	d liability comp	any is: STEINHATO	CHEE RIVER DEVELOPM	MENT COM	<b>IPANY</b>	LLÇ
2. The mailing address o	f the limited liab	oility company is : <u>F</u>	Post Office Box 604, St	einhatche	эе,	
Florida 32359						
9/22/2005			L05000093166			
			4. Document number			
5. The name of the registr Florida Department of	ered agent and th	ne registered office	address as shown on the	records o	f the	
oparation of	Joseph T. L	ander				
		Name				
	222 NE 210 /			=1en	96	
	Constant	Address		<u> </u>	3	
	Cross City, F	City, State and Zi	<u> </u>	문급.	1- AVH 90	-11
Z 771	C.1		•	25	_	FILED
6. The name and address	of the new regist	tered agent and/or o	ITICE:	ni <u>o</u>		O
	Gregory S. P	arker		5 5 5 3	AM 10: 08	
		Name		골	90	
	315 W. Green			35.		
	Florida street a	address (P.O. Box I	NOT acceptable)			
	Perry	FL 3234	7			
	(	City, State and Zip				
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreemer	hange or changes the registered ag reby confirmed to nited liability con	s are made, the Flor gent will be identica that the change(s) w mpany or as otherw	ida street address of the d. Or, in the case of a F as/were authorized by a	registered lorida lim n affirmat	d office lited tive vot	te
(Signature of a member or author	ized representative of	a member)				
Kevin Tho (Printed or typed name of signee)	mas					
I hereby accept the appoint the appoint comply with the provision and I am familiar with an Chapter 608 J.S. Gr. if address, I hereby confirms	ntment as regist s of all statutes r d accept the obli his document is that the limited	ered agent and agri relative to the prope gations of my posit being filed to merel liability company h	ee to act in this capacity er and complete perform ion as registered agent o y reflect a change in the as been notified in writi	I further sance of m as provide registere ng of this	r agree ly dutie 'd for it d office change	: to :5, n e e
(Signature of Acgistened Agent)						

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

INHS18 (8/05)