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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NORTH FLORIDA LANDVEST, (Name of Limite	LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
C. B BASS, MANAGER		
(Name of Person)	•	
NORTH FLORIDA LANDVEST, LLC		
(Firm/Company)		
281 N.D. DANDELION ST.		
(Address)	_	
MADISON, FLORIDA 32340		
(City/State and Zip Code)		
For further information concerning this matter, plo	ease call:	
C. BEN BASS at ()	
(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 am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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: NORTH	f FLORIDA LANDVEST, LLC	
2. The mailing address of the limited liability company	is: 281 N.E. DANDELION ST., MADISON, FLORIDA 32340	
DECEMBER 5, 2005	L05000116065	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	fice address as shown on the records of the	
ARMOND J. TOMASSET	П	
Name		
406 ASH STREET		
Address FERNANDINA BEACH, FLO		
City, State and Zip		
6. The name and address of the new registered agent and	l/or office:	
JEANNE W. BASS		
Name		
281 N.E. DANDELION STRE		
Florida street address (P.O. I	3ox NOT acceptable)	
MADISON FL 3	32340	
City, State and	Zip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote	
C.B. Boss		
(Signature of a member or authorized representative of a member)		
C. BEN BASS		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	
(Signature of Registered Agent)	D6 J/	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	
FILING FEE:	70 1 T	
INHS18 (8/05)		