Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 205-0380

From:

ACCOUNT NAME : STEARNS WEAVER MILLER, ET AL.

Account Number : 076077002504 Phone : (305)789-3200 Fax Number : (305)789-3393

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REGISTERED AGENT CHANGE

MANGROVE LANDS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

https://effile.sunbiz.org/scripts/effilcovr.exe

2/15/2006

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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.

			
January 17, 2006		L06000005733	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the r Florida Departme		ed office address as shown on the	records of the
		ame 150 West Flagler Street	TAS 1.c
Miami, Florida 331		dress	
6. The name and add	City, Sta bess of the new registered agent	te and Zip and/or office:	SSEED TO
	Paracorp Incorporated	<u> </u>	
	Nam 236 East 6th Avenue	ne	100 d
	Florida street address (P	O. Box NOT acceptable)	700
	Tallahassee F	T. 32303	
	Cîty, State		

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 sufficienced representative of a member)

Karen Smith, Vice President G&G, VA Holdings, LLC

(Printed or typed name of signee)

(Printed or typed name of signes)

Its Managing Member

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 auties, 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 document 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.

Please see attached Consent

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH518(10/99)

FILING FEE: \$25.00

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: January 26, 2006

ENTITY NAME: MANGROVE LANDS, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Denise Zollner, Assistant Secretary

Paracorp Incorporated

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Paretry Registered Agents PO Buz 140588 Segrenadu CA 95816-936 paretediparenetates from http://www.htmarec.com Scorestando 640 Servet Drive Sutha A. Scorestando CA 95814 800.533.7272 Esi 400.603.5368

Nevade 318 Rock Cusses Street Suta 208 Cusses City HV 89701 378,572,7273 Tel 808,886,7148 Fac