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SAULSBERRY EXAMINER JAN 3 1 2013

## **COVER LETTER**

Division of Corporations		
SUBJECT: Latitudes Realty of Flo	orida, LLC.	
Name of Limited I	iability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Cynthia McQuaig Name of Person	<del></del>	
Latitudes Realty		
Firm/Company	<del></del>	
P. O. Box 15819		2013 J
Address	—————————————————————————————————————	JAN 28
Panama City, Florida 32406		
City/State and Zip Code	 ଦ୍ୟୁଷ୍ଟ	PH 12: 00
Cynthia@LatitudesRealty.co	m Professional Professiona Professiona Professiona Professiona Professiona Professi	9
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
Cynthia McQuaig at (85	50 <u>522-6000</u>	
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 amou	nt:	

☐ \$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.

2. (a) Principal office address of limited liability company: 848 Jenks Avenue  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Date of filing/registration in Florida  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address:  Registered Office Address:  P.O. Box 18819  Panama City, Florida 32406  Panama City, Florida Dept. of State:  Registered Office Address:  NEW Registered Agent  NEW Registered Agent  NEW Registered Agent  NEW Registered Agent  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.  Signature of a member or authorized replementative of a member  Liberton 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 all and all and accept the obligations of my position on a registered agree in the registered office address. For it is the option of mice of this capacity of his change.	1.	Nar	ne of the limited liability company: Latitudes Realty of Florid	a, LLC.	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  1.08000030509  2.003/22/2006  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  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 authorized representative of a member  Cynthia McQuaig Printed or typed name of signee	2	(a)	Principal office address of limited liability company	848 Jenks Avenue	7 8
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(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)    Date of filing/registration in Florida   1.00000030509   2.0000030509   2.0000030509   3.0000030509   3.00000030509   3.00000030509   3.00000030509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.00000000509   3.000000000509   3.000000000509   3.000000000509   3.000000000509   3.00000000000000000000000000000000000			(NOW, MEST BESTREET MOSTESS)		
(Note: MAY BE POST OFFICE BOX)  Panama City, Florida 32406  L06000030509  3. Date of filling/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  P. O. Box 15819  Panama City, Florida 32408  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Cynthia McQualig  Printed or typed name of signee	(b)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P. O. Box 15819	答って
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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  Tay Jenks Avenue  Suite "C"  Panama City , Florida 32406  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 authorized representative of a member  Cynthia McQuaig  Printed or typed name of signee			Registered Agent:	Cynthia McQuaig	
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Unapier $\phi\phi_0$ , $r_1s$ . $Or_{s}$ if this accument is period fitted to merely reflect a change in the registered office	Pri	nted (	or typed name of signee	ree to act in this capacity, per and complete perform ition as registered agent a ely reflect a change in the	. I further agree to ance of my duties, is provided for in registered office

Signature of Registered Agent