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CRACKER SWAMP FARM 2, LLC

TYPE OF FILING: CHANGE OF AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE (

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.

3		
Name of the limited liability company:	CRACKER SWAMP FARM 2, LLC	
2. (a) Principal office address of limited liability co	ompany: 131-W-GRACKER SWAMP RD.	
(Note: MUST BE STREET ADDRESS)	RAISIGH UC ATERY EAST-PALATKA-FL 92431	
(b) Mailing address of limited liability company	: 2925 HUNTLEIGH DR., SUITE 20	
(Note: MAY BE POST OFFICE BOX)	RALEIGH, NC 27604	
May 8, 2006	L06000047291	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Depte (State	
Registered Agent:	CLARK, RONALD EESQ.	
Registered Office Address:	501 ST. JOHNS AVENUE	
	PALATKA, FL 32177	
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	National Corporate Research, Ltd., Inc. 155 Office Plaza Drive	
<u>(MUST BE FLORIDA STREET ADDRES</u>	S) Tallahassee JFL 32301	
If the limited liability company is not organized unconfirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or the operating agreement of the limited liability of the limited liability of the limited liability of li	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited sange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	
Printed or typed name of signee		
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations o Chapter 608; F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in a to merely reflect a change in the registered office company has been notified in writing of this change.	
Signature of Registered Agent Lucy Rose, Assistant Division of Corporations, P.O.	Secretary Box 6327, Tallahassee, FL 32314	

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