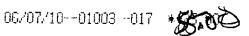
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J. BRYAN

JUN - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Minnesota Florida Las Name of Limite	nd Partners d 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 n	natter to the following:	
Jessica Bjorklund Name of Person	—————————————————————————————————————	
Minnesta-Florida Land Parm Firm/Company	ers Sers	
PoBox 4904 Address	TRIST	
Kansas City, Mo 10412-0 City/State and Zip Code		
Jessica @ Weindustries Kc. Cor E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
Jessica Bjorklund at (814) 994-8880 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 amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Name of the limited liability company: Minnusta	-Florida Land Partners, 40	
2. (a) Principal office address of limited liability company	: ag Nesbit st.	
(Note: MUST BE STREET ADDRESS)	Punta, borda, FL 33950	
(b) Mailing address of limited liability company:	clo Jack D. Hackett II	
(Note: MAY BE POST OFFICE BOX)	99 Nisbit St. Punta burda, FL 33950	
5/26/2000 3. Date of filing/registration in Florida		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Toni Poor	
Registered Office Address:	2985 Bobcat Village Center Ste: 100 North Port, FL 34288	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Lichard E. Erdmann	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Port Charlotte ,FL 33952	
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 Mar L Flot Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity of further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, 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.		
Signature of Registered Agent		