

LD6000055362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

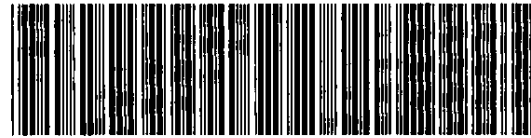
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600181671346

06/07/10--01022--010 **25.00

FILED
10 JUN -7 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. ~~06/07/10~~ JUN - 8 2010

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: FLORIDA LIFE PROPERTIES, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

8165 NW 4TH LN
OCALA Florida 34482

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

8165 NW 4TH LN
OCALA Florida 34482

05/30/2006

3. Date of filing/registration in Florida

4. Document number

L0600005538

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: James Adair

Registered Office Address: 1725 1/2 E. 7TH AVENUE #4
TAMPA FL 33605 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Eric Tennison

NEW Registered Office Address: 8165 NW 4TH LN

(MUST BE FLORIDA STREET ADDRESS)

OCALA, FL 34482

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

J Eric Tennison P.A.

Printed or typed name of signee

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 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00