## L060000062ca

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
- Certified Copies	ertified Copies Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



600262838656

08/05/14--01021--007 \*\*25.00

14 AUS -5 PH 3: 53

RARDINS Ja 8.14.14

## COVER LETTER

TO:

Registration Section

· Division o	f Corporations						
SUBJECT: STUDLAND LLC							
	UBJECT: STUDLAND LLC Name of Limited Liability Company						
Dear Sir or Madam	n:						
The enclosed Regi	stered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all co	orrespondence concerning the	his matter to the following:					
70	HN CARR Name of Person						
	STUDLAND Firm/Company	LLC					
58	CHAUTAUGO Address	JA ROAD					
ARI	City/State and Zip Code	21012					
E-mail addres	s: (to be used for future an	nual report notification)					
For further informa	ation concerning this matter	r, please call:					
	CARR Ime of Person	at ( 239 ) 247 - 4303 Area Code & Daytime Telephone Number					
Registratio Division of Clifton Bui 2661 Exect	f Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed i	Enclosed is a check for the following amount:						
\$25 Fili	ng Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the submits the following statement in order to change its registered office or registered. Florida.

1. N	ame of the limited liability company: STUDLAN	DL	LC		_
	58 CHAUTAUGUA ROAD	,	58 CH	0.000	<u>.</u> Д .
ت. (a)	Principal office address of limited liability company:	. (0)_		ress of limited liab	
	(Note: MUST BE STREET ADDRESS)		<del>-</del>	AY BE POST OF	
	ARNOLD, MD 21012		ARNOLD	MD	21012
		-			. <del>== , _=</del>
	6-27-2006	_	10600	$\infty 6522$	20
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	CARR, JOHN A				
J. (4)	Registered Agent and Registered Office shown on the records of the	Florida D	ept. of State:		
	7	يسور.			
	Registered Office Address (MUST BE FLORIDA STREET AD				
	registro office reading property and the readi				
	NAPLES , FL	341	<u>03</u>		
				,	
(b)	LUTZ: KNUDSON. P.A.				<b>가</b> 걸음 *** 800
	Enter name of NEW Registered Agent and/or NEW Registered O	Mice addre	ess:		E 200
. '					5篇
	201 EIGHTH STREE	TS	HTUOS		PH CECO
•	NEW Registered Office Address:				과 <sup>등</sup> 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
	SUITE 302				· 5 智
					ω . <u>,</u> ,
	NAPLES _,FL_	341	02		
If the l	imited liability company is not organized under the laws inge or changes are made, the Florida street address of th	of the St	tate of Florida, it is red office and the l	hereby confirmusiness office	ned that after of the registered
agent v	will be identical. Or, in the case of a Florida limited liab	ility com	ipany, it is hereby o	confirmed that	the change(s)
was/w	ere authorized by an affirmative vote of the members of ticles of pranization or the operating agreement of the lin	the limite mited lia	ed liability compan bility company	y or as otherwi	ise provided in
tiic ait.	cles of prealization of the operating agreement of the in	iiiico iia		( 0 0 0	
Siona	ture of a member or authorized representative of a member		Printed or	typed name of sig	nee
	is the appointment as registered agent and agree	e to act is	n this canacity. I fi	irther agree to	comply with the
proviși	ons of all statutes relative to the proper and complete pe	erforman	ice of my duties, an	d I am familian	with and accept
the obli	on accept the appointment as registered agent and agree on a fall statutes relative to the proper and complete period of any position as registered agent as provided bely reflect a change in the registered office address, I he	reby con	firm that the limite	d liability com,	pany has been
notifie	An Knudsm. AA 3/1/4				
Signatu	re of Registered Agent		•		
Jigirali	ine or regional region				

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