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EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 581541

AUTHORIZATION :

COST LIMIT : \$ 25

FILED FILED

ORDER DATE: May 22, 2008

ORDER TIME : 9:24 AM

ORDER NO. : 581541-025

CUSTOMER NO: 5160271

CHANGE OF AGENT

NAME: DIXIE COUNTY PROPERTIES,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

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. The name of the limite	ed liability company is: $\underline{\mathrm{D}}$	IXIE COUNTY PROF	PERTIES, L.L.C.	
2. The mailing address of	the limited liability comp	any is :		
515 East Park Avenue	e, Tallahassee, FL 323	01		
09/12/2006		L0600008937	['] 8	
3. Date of filing/registrati	ion in Florida	4. Document number		
5. The name of the registe Florida Department of S	State:		on the records of the	
		Agents, Inc.	-	
		ame ark Avenue	- , 0	
Address				
Tallahassee, FL 32301				
	City, Sta	te and Zip	SS W	
6. The name and address of	of the new registered agent	and/or office:	FILED FILED	
	Corporation Se	rvice Company	FILED 8 JUN -3 PH 3: 05 ALLAHASSEE, FLORID	
,	Nan 1201 Ha	ne ys Street	OA O	
Florida street address (P.O. Box NOT acceptable)				
	Tallahassee F	L 32301		
	City, State	and Zip		
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)				
	,			
Maureen Cullen, Auth (Printed or typed name of signee)	orized Person			
I hereby accept the appoing comply with the provisions and I am familiar with ana Chapter 608, F.S. Or, if the address, I hereby confirm the confirm of the confirmation of the	lawy		spacity. I further agree to verformance of my duties, agent as provided for in e in the registered office n writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
Division of Corporations, 1.0. Dux 032/, Tananassee, FL 32514				

FILING FEE: \$25.00

INHS18 (8/05)

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