LO6000091462

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
·		
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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T. HAMPTON

Mar 1 1 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Hunter's Ridge Proporties LLC (Name of Corporation)
DOCUMENT NUMBER: <u>L06 000091462</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Hunter's Ridge Residential Coff Proporties, Inc.
1275 W. Granada Blvd., Ste5A (Address)
Ormand Boach FL 32174 (City/State and Zip Code)
For further information concerning this matter, please call:
Som Merrill at (386) 677-7298 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

,

Amendment Section

TO:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAR 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 10, 2009

SAM MERRILL 1275 W GRANADA BLVD STE 5A ORMOND BEACH, FL 32174

SUBJECT: HUNTER'S RIDGE PROPERTIES, LLC

Ref. Number: L06000091462

We have received your document for HUNTER'S RIDGE PROPERTIES, LLC and your check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00004758

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.

	A A
1. Name of the limited liability company: Hunter	's Ridge Properties, LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 1275 W. Granada Blvd, Ste5A Ormond Bauch, FL 32174
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1275 W. Granada Blvd, Ste5A Ormand Beach, FL 32174
9/18/2006	L06000091462
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Tonya Griffin
Registered Office Address:	Ormond Beach, FL
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Allan Feker
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1275 W. Granada Blvd, SteSA Ormand Beach FL 32/74
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business asset of a Florida limited liability company it is
(Signature of a member of authorized representative of a member)	_
Allan Feker	_
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the impited liability company has been notified.	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chamer 648, change in the registered office address, I hereby 500 din writing of this change.
(Signature of Registered Agent)	T PR
-	(325 T) 1
Division of Corporations, P.O. Box	: \$25,00 Republication

INHS18 (05/08)