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SECRETARY OF STATE

Office Use Only

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|--|---|--|
| SUBJECT: Ornet Canty To Name of Dimited | Liability Company | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office C | hange and fee(s) are submitted fo | or filing. | | |
| Please return all correspondence concerning this ma | tter to the following: | | | |
| Name of Person | | | | |
| Firm/Company | | | | |
| 155. S. Coorle Aut | 2703 | 2009 JUL 24 SECRETARY FALLAHASSE | ڵ | |
| Charlo FL 32801 [City/State and Zip Code] | ······································ | 24 AMII ARY OF ST SSEE, FLO | | |
| E-mail address: (to be used for future annual report notification |) | : 44 ATE RIDA | | |
| For further information concerning this matter, please | se call: | | | |
| Name of Person at (4 | 104 <u>864. 4-22.4</u> Area Code & Daytime Telephone N | | | |
| 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 | S55 Filing Fee & Certified C | onv . | | |

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: | County Development II |
|---|---|
| 2. (a) Principal office address of limited liability compan | y: |
| (Note: MUST BE STREET ADDRESS) | 455.4. Cart. Ave. 2703 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY.BE POST.OFFICE BOX) | |
| 01/29/07 | L07000 10450 |
| 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: | Corporation torbice Corporary |
| Registered Office Address: | 1201 Hay Skreet |
| | Tallaharbee, It 32301 00 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: |
| NEW Registered Agent: | David C. Cook |
| NEW Registered Office Address: | 155.6. Cart, Kot. 2703 |
| (MUST BE FLORIDA STREET ADDRESS) | Cklando ,FL 32601 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. | Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote arrive provided in the articles of Braanization |
| Signature of a member or authorized representative of a member | 24 24 IL |
| Printed or typed name of signee | - P _S ₹ m |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the property of Lam familiar with and accept the obligations of my particle to make the confirmation of the limited liability comparations of Registered Agent | agree to act in this capacity #urther agree to roper and complete perform for of the duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change. |
| ▼ | |

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