

LO7000027931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

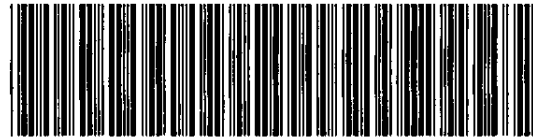
(Document Number)

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2013 SEP 27 AM 9:47  
MAIL ROOM

J. SAULSBERRY  
EXAMINER  
OCT 2 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Land Investment Association, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Danhour

Name of Person

Firm/Company

4339 Demedici Avenue

Address

Jacksonville, FL 32210

City/State and Zip Code

MLDanhour@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MichaelDanhour

Name of Person

at ( 904 ) 234-1047

Area Code & Daytime Telephone Number

**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

☐ \$55 Filing Fee & Certified Copy

2012 SEP 27 AM 9:17  
TALLAHASSEE  
STATE  
FILING

**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: Land Investment Association
2. (a) Principal office address of limited liability company: 4339 Demedici Avenue  
Jacksonville, FL 32210  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 4339 Demedici Avenue  
Jacksonville, FL 32210  
**(Note: MAY BE POST OFFICE BOX)**
- 06/27/2007 L07000027931
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: Michael Danhour

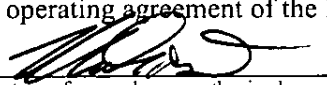
Registered Office Address: 13939 Sea Prairie Lane  
Jacksonville, FL 32224

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

**NEW** Registered Agent: Michael Danhour

**NEW** Registered Office Address: 4339 Demedici Avenue  
**(MUST BE FLORIDA STREET ADDRESS)** Jacksonville, FL 32210

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

Michael Danhour  
Printed or typed name of signer

*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**