## L07000053099

| (Red                                    | questor's Name)   |  |  |  |
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| (Add                                    | dress)            | ······································ |  |  |
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| (City                                   | //State/Zip/Phone | #)                                     |  |  |
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14 JUN 12 AH 9: 20
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ACCOUNT NO. : 12000000195

REFERENCE: 173869 7962277

AUTHORIZATION :

COST LIMIT : Cost Limit :

ORDER DATE: June 11, 2014

ORDER TIME : 8:42 AM

ORDER NO. : 173869-015

CUSTOMER NO: 7962277

## CHANGE OF AGENT

NAME: S RANCH PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

14 JUN 12 AH 9: 21



June 13, 2014

CSC

ATTN: EMILY GRAY

SUBJECT: S RANCH PROPERTIES, LLC

Ref. Number: L07000053099

RESUBMIT

Please give original submission date as file date.

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SECTION 2 (A) AND (B) OF THE DOCUMENT MUST BE COMPLETED.

Please return 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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 914A00012851

## 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 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.

| I. Na                                | me of the limited liability company: S Ranch Pr  | operties, LLC  |  |
|--------------------------------------|--|--|--|
| 2. (a)                               | Same   | (b)  | Same   |
| (3-)                                 | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                                      |  |  |  |
|                                      | 05/18/2007   | L07  | 7000053099   |
| •                                    | Date of filing/registration in Florida   | 4.   | Document number  |
| . (a)                                | Alejandro Knoepffler   |  |  |
| . (4)                                | Registered Agent and Registered Office shown on the record   | ds of the Florida Dept.  | of State:  |
|                                      | 3109 Grand Avenue, #286  |  |  |
|                                      | Registered Office Address (MUST BE FLORIDA STRE  | EET ADDRESS)   | SECRETATION TO THE SECRETATION OF THE SECRETATION O |
|                                      | Coconut Grove  | , FL <u>33133</u>  | رو الأروان الأروان المروان الم   |
| (b)                                  | Corporation Service Company  |  |  |
| ( )                                  | Enter name of NEW Registered Agent and/or NEW Regist   | tered Office address:  |  |
|                                      |  |  |  |
|                                      | 1201 Hays Street   | <u>-</u> .   | ·  |
|                                      | NEW Registered Office Address:   |  |  |
|                                      | Tallahassee  | ,FL 32301  |  |
|                                      | raikanaooo   | , FL <u>32301</u>  |  |
| he cha<br>gent v<br>vas/we           | imited liability company is not organized under the single or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membicales of organization or the operating agreement of | ss of the registered<br>ed liability compar<br>ers of the limited l<br>f the limited liabili | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  |
| Signa                                | ure of a member or authorized representative of a member   | AUDI   | Printed or typed name of signee  |
| l here<br>provisi<br>he obi<br>o mer | by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proved by reflect a change in the registered office address of in writing of this change.                      | olete performance<br>vided for in Chapt  | of my duties, and I am familiar with and accep<br>ter 605. F.S. Or. if this document is being filed  |
| 9N                                   | ne of Registered Agent Corporation Service Compa   | ny BY:   | ily Gray<br>Asst VP  |
|                                      | Division of Corporations • P.<br>FILIN   | .O. Box 6327• Ta<br>G FEE: \$25.00   | allahassee, FL 32314   |

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