LD7000059793

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations				
SUBJECT: Great Southern Real Es	state of Walton County, LLC Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Kristie Busby				
(Name of Person)				
Matthews & Hawkins, P.A.				
(Firm/Company)				
4475 Legendary Drive				
(Address)				
Destin, Florida 32541				
(City/State and Zip Code)				
For further information concerning this matte	er, please call:			
Kristie Busby	_at (850) 837-3662			
(Name of Person)	(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 followin	g amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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 limited liabili	ty company is:	Great Southern Real Estate	of Walton Co	unty, L	LC
2. The mailing address of the lim	ited liability co	mpany is: 3925 W. Co. Rd.	. 30-A, Suite	э В	
Santa Rosa Beach, Florida 32					
06/06/2007		L07000059793	3		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registered age: Florida Department of State:	nt and the regis	tered office address as shown	on the recor	ds of th	ie
Grea	t Southern [Developers, LLC	_		
		Name			
3925 W. Co. Rd. 30-A, Suite B					
		Address			
Santa Rosa Beach, Florida 32459					
	City,	State and Zip			
6. The name and address of the ne	w registered ag	gent and/or office:	TAL	2007 DEC	
Dana C. Matthews		CRE LAH	7 D.E		
Name		- HE		T	
4475 Legendary Drive		TARY	-7	*****	
Florid	a street address	s (P.O. Box NOT acceptable)	OF STATE	PM	П
Destin,	Florida 32541	1 FL	5.07 V.LS	ည်	
	City, St	tate and Zip	T DA	91	
If the limited liability company is	not organized ι	under the laws of the State of	Florida, it is	hereby	Y

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 representance of a member)

(Printed or typed name of signee)

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