L07000061378

•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT · MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

Office Use Only



800136926968

10/20/08--01028--024 **25.00

2000 OCT 20 PM 1:54
SCORE LAWY OF STATE
TALL AHASSEE FI DEID.

C. LEWIS

OCT 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WAKULLA SPRINGS P (Name	ROPERTY HOLDINGS, LLC 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	g this matter to the following:		
MIGUEL J. MORALES (Name of Person)	· 		
(Name of Ferson)			
(Firm/Company)			
(Timecompany)			
7560 RED BUG LAKE RD, STE 2050 (Address)			
(Addiess)			
OVIEDO, FL 32765 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
MIGUEL J. MORALES	at (_407) <u>365-0220</u>		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tananasso, Fishat 32517		
Enclosed is a check for the followi	ing 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.	Nai	me of the limited liability company:	WAKULLA S	PRINGS PROPERTY I	HOLDINGS, LLC	
2.	(a)	Principal office address of limited I (Note: MUST BE STREET ADD	iability company <i>RESS</i>)	: 7560 RED BUG LAKE RD, ST OVIEDO FL 32765 US	E 2050	
	(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE		7560 RED BUG LAKE RD. ST OVIEDO FL 32765 US	E 2050	
	11/2 Dat	007 e of filing/registration in Florida		L07000061378 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Agent:		MORALES, MIGUEL J		
		Registered Office Address:		2912 WESTCHESTER AVE. ORLANDO FL 32803 US		
	(b)	Enter name of <u>NEW Registered A</u>	gent and/or <u>NEV</u>	V Registered Office address:		
		NEW Registered Agent:		MORALES, MIGUEL J		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET A			ADDRESS)	7560 RED BUG LAKE RD, STE		
				OVIEDO		
If that off her liab	he late of the lat	imited liability company is not organer the change or changes are made, of the registered agent will be identiconfirmed that the change(s) was/wy company or as otherwise provided liability company.	nized under the letthe Florida street cal. Or, in the capere authorized by in the articles of	aws of the State of Florida, it address of the registered offices of a Florida limited liability an affirmative vote of the magnitude of the magnitude of the magnitude of the operating	is hereby confirmed ce and the business y company, it is embers of the limited agreement of the	
(Sin	Gotu	e of a member of authorized representative of a	mambar)	-		
MIC	<u>.</u> GUE	L J. MORALES or typed name of signee)		-		
I h cor am F.S cor	nere mply fan S. C nfirn	by accept the appointment as registed with the provisions of all statutes ratiliar with and accept the obligation or, if this document is being filed to the that the limited liability company is	ered agent and avelative to the pro elative to the pro is of my position nerely reflect a c has been notified	gree to act in this capacity. I per and complete performanc as registered agent as provide hange in the registered office in writing of this change.	<u></u>	
(Si _j	gnatú	re of Registered Agent)			RA R	
•		Division of Corpora	tions, P.O. Box FILING FEE:	6327, Tallahassee, FL 32314 \$25.00	107	

INHS18 (05/08)