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SEGRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2007

KEVIN L. BURKETT 1701 SOUTH MILLS AVE ORLANDO, FL 32806

SUBJECT: HAMMOCK LAKE MITIGATION BANK, LLC

Ref. Number: L07000070245

2001 SEP 26 A 9:
SECRETARY OF STA

We have received your document for HAMMOCK LAKE MITIGATION BANK, LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$25.00.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 407A00054949

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 liability company is: Hammock Lake Mitigation Bank, LLC		
2. The mailing address of the limited liability company is : 1701 South Mills Avenue		
Orlando, Florida 32806		
July 16, 2007 L07000070245		
3. Date of filing/registration in Florida 4. Document num	ıber	
5. The name of the registered agent and the registered office address as shown of Florida Department of State:	on the records of the	
Dennis K. Benbow		
Name 1005 Edgewater Drive		
Address		
Orlando, Florida 32804	A _S	
City, State and Zip	LEC 233	
6. The name and address of the new registered agent and/or office:	SEP 26 ARE TARY LANGE	
Kevin L. Burkett	26 SSEE	
Name	F A M	
1701 South Mills Avenue		
Florida street address (P.O. Box NOT acceptable)	S: 48	
Orlando, FL 32806		
City, State and Zip		
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)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete pe and I am familiar with and accept the obligations of my position as registered a Chapter 608, ff, S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in (Signature of Registered Agent)	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	