Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H13000223945 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 : (407)835-6959 Phone Fax Number : (407)843-4076

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: robertcross@greenway.com -

### LLC REGISTERED AGENT CHANGE UNIVERSITY LAND HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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#### (((H13000223945 3)))

# 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.	Nan	ne of the limited liability company: <u>UNIVERSITY</u>	LAND HOLDINGS LLC	7:0	<u></u>	_	
		, , ,		<u> </u>	<b>2.3</b>	•	
2.	(a)	Principal office address of limited liability company:	9001 East Colonial Drive	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0		
	` '	(Note: MUST BE STREET ADDRESS)	Orlando, FL 32817			П	
		(	Onando, 115 52617	70.25			
				33-K	<del>- 22</del>	- 1	
	(l-)	Mailing address of the field the title	0001 5 . 0.1 . 1 . 1			III	
	(0)	Mailing address of limited liability company:	9001 East Colonial Drive			- 0	
		(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32817	12:21/2		•	
				<u> </u>	_ α		
		,			S		
	Dec	ember 5, 2007	L07000121119	<b>→</b> '	~		
3.	Date	of filing/registration in Florida	4. Document number				
		<b>5 6 .</b>	• • • • • • • • • • • • • • • • • • • •				
5 .	(a)	Registered Agent and Registered Office shown on the re-	ecords of the Florida Dept. of State:				
٥.	(α)	registered regard and registered office showill off the re	ceords of the Florida Dept. of State.				
		Registered Agent:	Fowler White Boggs P.A.				
		Registered Agent:	rowler writte Boggs P.A.			-	
		nula 100% ATT	50.31 -1.1 - 5: - 6 - 6000				
		Registered Office Address:	50 North Laura Street, Suite 2800			-	
			Jacksonville, FL 32202			•	
	(b)	Enter name of NEW Registered Agent and/or NEW R	<u>egistered Office address:</u>				
		NEW Registered Agent:	Corporation Company of Orlando			_	
		NEW Registered Office Address:	300 South Orange Avenue				
		(MUST BE FLORIDA STREET ADDRESS)	Suite 1000 (JGH)			•	
		(MCGT DET LORIDA GTREET ADDRESS)	Orlando , FL 3	2801		•	
			Orlando , PC 3	2001		•	
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  Edward M. Alden, Authorized Representative  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.  CORPORATION COMPANY OF ORLANDO  By:							
Ву		J. Gregory Humphries, Vice President	•				
Sim		of Registered Agent					
- 15		or respective and respects					

10/08/2013

10/8/13



# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: GREENE HAMRICK QUINLAN SCHERMER & ESPOSITO, P.A.

Account Number : I19990000030

: (941)747-1871

Phone Fax Number

: (941)745-2866

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jesposito@manateelegal.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

# WEST MANATEE AVE PROPERTY, LLC

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Estimated Charge	\$55.00				

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(((H13000224104 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
WEST MANATEE AVE PROPERTY, LLC
DOCUMENT NUMBER L0000008694

The undersigned, constituting the sole member of the above-named limited liability company, hereby executes these Articles of Amendment as follows:

#### AMENDMENT

1. The provisions of Article I of the Articles of Organization are hereby amended to provide as follows:

#### Article I

#### Name

The name of the limited liability company ("Company") is BOTO FL Properties, LLC, a Florida Limited Liability Company.

2. The provisions of Article V of the Articles of Organization are hereby amended to provide as follows:

#### Article V

#### Management

The company is managed by a Manager. The name and address of the Manager is:

Manager:

Kerry J. Ward

3705 53rd Avenue Bast

Bradenton, FL 34203

IN WITNESS WHEREOF, the undersigned has executed this Amendment to Articles of Organization this Ethay of October, 2013.

Bank of the Ozarks

By:

its Schibe Vica Presiden

NOTARY ACKNOWLEDGMENT APPEARS ON THE NEXT SUCCEEDING PAGE.

(((H13000224104 3)))

STATE OF FLORIDA

## (((H13000224104 3)))

COUNTY OF MANATEE	
The foregoing instrument was acknowledged before me this  Library, as Senior Vice Passage of Bank of i	day of October, 2013, by Kerry
I Ward su Senior Vice President of Bank of	he Ozarka, on behalf of the Bank.
Tate L. Que	
(Signature of Notary Public - State of Florida)	WWW. K. G. A.

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known & or Produced Identification 
Type of Identification Produced

PATRICK G. BRYANT



TILLU SECONDAÇÃO STATE