L07000122720

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	itatus			

Special Instructions to Filing Officer:

A. LUNT

SEP 2 6 2011

EXAMINER

Office Use Only



800212220988

COVER LETTER

_	ion Section of Corporations				
SUBJECT:	SANDY	LANE Name of Limited	PROPERTY Liability Company	1 LLC	<u>-</u>
Dear Sir or Mada	am:				
The enclosed Rea	gistered Agent/Reg	gistered Office C	hange and fee(s) are s	submitted for filing	3 .
Please return all	correspondence co	ncerning this ma	tter to the following:		
2125 WINDERN DARREN	Name of Person	-7 BR -, 3478 ode OL. COM		SECRETARY OF STATE ALLEANASSES, FLORADA 2	2011 SEP 23 TH ** 18
	nation concerning	·			
DARKE	N GAHE	at (1336	
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 following amount:					
✓ \$25 Fil	ling 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 608.2 liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: SAN	OY LANE PROPERTY LLC
2. (a) Principal office address of limited liability compan	010 - 10 - 10
(Note: MUST BE STREET ADDRESS)	WINDERMERGIN
(b) Mailing address of limited liability company:	FC 347 6 7 7
(Note: MAY BE POST OFFICE BOX)	
12/11/07	L070001 720
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	SMAN BUSINESS RESOURCES
Registered Office Address:	1601 PARK CENTER DR
	ORLANDO FL 32835
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	FUN IN THE SUN OF CENTRAL FLORIDA INC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2125 WATER KEY DR, WINDERMERE ,FL 34786
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member ARREN GAGE Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of I am familiar with and accept the obligations of my portugated to member address, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of Registered Agent	has been notified in writing of this change.