10800013237

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: St. Mark's Pond Name of L	Property LLC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Karen Heykens Name of Person	
Fletcher Davis Firm/Company	
101 F. Town Place, S	<u>suit 1</u> 50
St. Augustine, FL 32098 City/State and Zip Code	2
E-mail address: (to be used for future annual re	davis co. Com port notification)
For further information concerning this matter, please	e call:
Karen Heykens at (904) 235-6921 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 following amou	int:
₹ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	une of the limited liability company: St. Mark's Pond Property, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 101 E. Town Place Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS)
	Suite 150 Suite 150
	St. Augustine, Fl. 32092 St. Augustine, Fl. 32092
3.	St. Mark's Pand Property, LLC 168000613237 Date of filing/registration in Florida 4. Document number
5. (a)	Danny Edwards Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 150
	S1. Augustine FL 32092
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	101 E. Town Place w
	Suite 150
	St. Augustine FL 32092
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ure of a member of a member Douglas M Davis Jr. /64. Marks Pond Printed or typed name of signee Holdings, LL
provisi the obl. to mere notifica	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.
Signatui	Neut Krousv2