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Special Instructions to	Filing Officer			
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Office Use Only



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SECRETARY OF STATE
ASSER, FLORIDA

COVER LETTER

TO:	Registration Section		8/9/10			
	Division of Corporations		THE CONTRACTION OF THE PARTY OF	1528TYTERSTYPE 1 1		
				京。张护江 岛队		
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SUBJ	ECT· Yulee	Land Group, I	10			
5020		ted Liability Com				
	14ame of Emil	ica Liability Coll	iparry			
Dear !	Sir or Madam:					
	71 01 141W0W111.					
The er	nclosed Registered Agent/Registered Offic	e Change and fee	(s) are submitted for	filing		
		o change and rec	(6) 410 5401111104 101	***************************************		
Please	return all correspondence concerning this	matter to the foll	owing:			
	an ectrospondence concerning and	maner to the for	ownig.			
	Terry McDavid					
	Name of Person					
	Firm/Company					
	. D.O. D. 4000					
	P.O. Box 1328	<u> </u>				
	Address	1 *				
	Lake City, FL 32056					
	City/State and Zip Code			-1 ~		
				28 =		
	trmcdavid@bellsouth.net mail address: (to be used for future annual report notific	notion)		三		
E	man address. (to be used for future annual report notific	auon)		2010 AUG 11 SECRETARY		
For fi	rther information concerning this matter, p	aleage call·		107		
10110	ration minormation concerning and matter, p	rease earr.				
				55 5		
	DeEtte Brown at	(386)	752-1896			
	. Name of Person		& Daytime Telephone Nur	mber D.		
	STREET/COURIER ADDRESS:	MAILING	ADDRESS:			
	Registration Section	Registration				
	Division of Corporations Division of Corporations					
	Clifton Building P.O. Box 6327					
	2661 Executive Center Circle	Tallahassee	Florida 32314			
	Tallahassee, Florida 32301					
	Englaced is a sheet for the fellowing or					
	Enclosed is a check for the following a	mount:				
	\$25 Filing Fee	S55 Filing	Fee & Certified Cop	ov		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $_{\rm s2}$ BQTH 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. Name of the limited liability company:	Yulee Land Group, LLC			
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	215 SW Crews Farm Terrace Lake City, FL 32025			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	215 SW Crews Farm Terrace Lake City, FI 32025			
2/6/08	L08000013638			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Brian F. Crews			
Registered Office Address:	1353 SE Loquat Way			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> .				
NEW Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	215 SW Crews Farm Terrace			
	Lake City ,FL32025			
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				
Brian F. Crews 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.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00