Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number: 075410002172 Phone : (239)344-1100 : (239)344-1200 Fax Number

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

hfra@henlaw.com Email Address:

LLC REGISTERED AGENT CHANGE ANGEL INVESTMENT PROPERTIES OF SANIBEL, LLC

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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. Name of the limited liability company: ANGEL INVESTMEN | IT PROPERTIES OF SANIREL, LLC | | |
|--|--|--|--|
| 2. (a) Principal office address of limited liability compa | nur 1848 PERWINKLEWAY - SUITE 8 | | |
| (Note: MUST BE STREET ADDRESS) | SANIBEL, FL 33957 | | |
| | | | |
| (b) Mailing address of limited liability company: | 6445 WARN SPRINGS AVENUE | | |
| (Note: MAY BE PUST OFFICE ROX) | BOISE, ID 83718 | | |
| \ | | | |
| | | | |
| 3. Date of filing/registration in Florida | 4. Document number | <u> </u> | |
| 5. Date of ming/registration in Fiorida | 4. Document minutes | | |
| 5. (a) Registered Agent and Registered Office shown o | n the records of the Florida Der | ot. of State: | |
| Registered Agent: | DAVID M. PLATT | | |
| Registered Office Address: | 1848 PERIWINKLE WAY - SUITE R | | |
| Registrica Mino Mariosa. | SANIDEL, FL 33057 | | |
| | | | <u></u> |
| | | | دب ای |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office address | <u>\$</u> : 是合。 | - C |
| NEW Registered Agent: | HF REGISTERED AGENTS, LLC | \$ 50 c. | 1 |
| TON HeBuston Hebmi | | mj-4 | -0 ; |
| NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS) | 1716 MUNROE STREET | - 17 (T) | 73 |
| | FORT MYERS | FI_33901 | |
| 200 1 10 1 11 1 11 1 11 1 1 1 1 1 1 1 1 | L 64h Ce-ta of Elasida it | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the | e invs of the State of Fiorida, it Florida street address of the res | is acreby. | - |
| and the business office of the registered agent will be ide | ulical. Or, in the case of a Flor | tda limited | |
| liability company, it is hereby confirmed that the change | s) was/were authorized by an a | Hirmative v | vote of |
| the members of the limited liability company or as other the operating agreement of the limited liability company. | vise provided in the atticles of i | ngamzano | 11 (1) |
| | | | |
| Signature of a member or mithorized representative of a member | | | |
| 2019 Million of a Michigan of Million of Mil | | | |
| DAVID M. PLATT, AUTHORIZED REPRESENTATIVE | | | |
| Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the payof I am familiar with and accept the obligations of my payofer 60% F.S. Or, If this document is being filed to had test, Thereby confirm that the limited liability compa | agree to act in this capacity. I proper and complete performan position as registered agent as p perely reflect a change in the re my has been notified in writing | further agi ce of my du provided for gistered off of this chai | ree to ities, r in fice nge. |
| Signature of Registered Agem | | | |
| - L 2 | Cana Challahannan 127 Agasta | | |
| Division of Corporations, P.O. Box (| 327, Thuannssee, PL 32314 | | |

FILING FEE: \$25.00

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