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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE AUG 1 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SOUTH FORTY Name of Limite	d Liability Company	-			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jason Rawlins Name of Person					
South Forty Land, LLC Firm/Company					
4244 Grove Park De Address	AUG 17				
Tallahassee, FL 32 City/State and Zip Code	PH 2: 36 OF STATE FLORIDA				
E-mail address: (to be used for future annual eport notification)					
For further information concerning this matter, please call:					
Tason Rawling at (850) 509 5891 Name of Person 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 amount:					
\$25 Filing 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 608.508, 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: _South	Forty Land, LLC		
2. (a) Principal office address of limited liability company	7:		
(Note: MUST BE STREET ADDRESS)	4071 Swift Way		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	4071 Suift Way Tallahassee, R 32311		
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:	Jason B. Rawlins		
Registered Office Address:	4071 Swiftslucy Tallahasser, Fr FEBILE		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4244 Grove Back Drive		
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 sperating agreement of the limited liability company. Signature of a member of authorized representative of a member Thereby 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.			
Signature di Registered Agent			