L-U8000117787

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Cashiel Line)	
(Document Number)	
Certified Copies Certificates of Statu	JS
Special Instructions to Filing Officer:	
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	:

Office Use Only



300179911803



B. KOHR
MAY _ 6 2010

EXAMINER





ON RENAICE COMPANY.						
ACCOUN	T NO. :	12000000	195			
REFE	RENCE :	373482	7379453			
AUTHORIZ	ATION :	Level of	nan	台		
COST	LIMIT :	\$ 25,00		去。		
ORDER DATE : May 5, 201	o			15 M 8: 55		
ORDER TIME : 9:40 AM				بن		
ORDER NO. : 373482-065				ัง		
CUSTOMER NO: 7379453						
						
CHANGE OF AGENT						
NAME: SAVANNA	OAKS HO	oldings II, I	LLC			
PLEASE RETURN THE FOLLOW	ING AS P	ROOF OF FILE	ING:			
CERTIFIED COPY PLAIN STAMPED CO	PΥ					
CONTACT DEDCOM. Two. To	ಸಿಸಿ ರಾಲ	TT# 2040				
CONTACT PERSON: Troy To	uu Ex					
		EXAMINER:				

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:	SAVANNA	OAKS HOLDINGS II	i, LLC	
2. (a) Principal office address of limited I (Note: MUST BE STREET ADD	iability company <u>(RESS</u>)	2810 SOUTH FED FT_PIERCE FL 349	ERDAL HIGHWAY 82	
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company: BOX)	2810 SOUTH FED FT. PIERCE FL 349	ERDAL HIGHWAY	
12/30/2008	_	L08000117787	10 XX 15 5	
3. Date of filing/registration in Florida	•	1. Document number	ふ	
5. (a) Registered Agent and Registered C	Office shown on t	he records of the Florida	Dept. of State:	
Registered Agent:		MCGUIRE, TIMOTI	HY A	
Registered Office Address:		2810 SOUTH FEDER FT, PIERCE FL 3498	RDAL HIGHWAY 32 US	
(b) Enter name of <u>NEW Registered A</u> NEW Registered Agent:	gent and/or NEV	V Registered Office add		
			<u> </u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301		
If the limited liability company is not orgathat after the change or changes are made, office of the registered agent will be identified to the confirmed that the change(s) was/veliability company or as otherwise provided limited liability company. (Signature of a member or autobased representative of a limited or typed name of signee) I hereby accept the appointment as regist comply with the provisions of all statutes a am familiar with and accept the obligation F.S. Or, if this socument inhering filed to confirm that the limited liability company by: (Signature of Registered Agent)	the Florida street cal. Or, in the cavere authorized by in the articles of member)	address of the registered use of a Florida limited lia y an affirmative vote of the organization or the operation	office and the business ibility company, it is ne members of the limited ating agreement of the	
(2.6. Simple of 1.2 Colored of 1.8 color				

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