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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## COVER LETTER

| ,   | ' '   |  |
|---|---|--|
| TO: Registration Section Division of Corporations                                       | •   |  |
| SUBJECT: The Shuck Real Property, LLC   |   |  |
|   | ed Liability Company                          |  |
| Dear Sir or Madam:  |   |  |
| The enclosed Registered Agent/Registered Office   | e Change and fee(s) are submitted for filing. |  |
| Please return all correspondence concerning this  | matter to the following:                      |  |
| Randall N. Thornton Name of Person  |   |  |
| Randall N. Thornton Attorney at Law<br>Firm/Company                                     | <i>y</i>                                      |  |
| P O Box 58 Address  | <del></del>                                   |  |
| Addiess   |   |  |
| Lake Panasoffkee FI 33538   |   |  |
| City/State and Zip Code   |   |  |
| rthornton@embarqmail.com E-mail address: (to be used for future annual report notifical | tion)   |  |
| For further information concerning this matter, pl                                      | ease call:                                    |  |
| Randall N. Thornton at (  | <del> </del>                                  |  |
| Name of Person  | Area Code & Daytime Telephone Number          |  |
| STREET/COURIER ADDRESS:   | MAILING ADDRESS:                              |  |
| Registration Section  | Registration Section                          |  |
| Division of Corporations Clifton Building   | Division of Corporations P.O. Box 6327        |  |
| 2661 Executive Center Circle  | Tallahassee, Florida 32314                    |  |
| Tallahassee, Florida 32301  |   |  |
| Enclosed is a check for the following am  | iount:  |  |
| \$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:   | The Shuck Real Property, LLC   |
|---|--|
| 2. (a) Principal office address of limited liability co   | mpany: 303 Old Wire Rd   |
| (Note: MUST BE STREET ADDRESS)  | Wildwood Florida 34785   |
| (b) Mailing address of limited liability company:   | 303 Old Wire Rd  |
| (Note: MAY BE POST OFFICE BOX)  | Wildwood, Florida 34785  |
| 2/9/09  | L09000013403   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| 5. (a) Registered Agent and Registered Office show  | vn on the records of the Florida Dept. of State:   |
| Registered Agent:   | H. John Feldman  |
| Registered Office Address:  | 215 North Joanna Ave Zs  |
| (b) Enter name of <b>NEW Registered Agent</b> and/o   |  |
| NEW Registered Agent:   | Randall N. Thornton  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS  |  |
|   | Lake Panasoffkee ,FL33538  |
| If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company) it is hereby confirmed that the charge of the members of the limited liability company or as or the operating agreement of the limited liability considerable.  Signature of a member or authorized representative of a member | the Florida street address of the registered office didentical. Or, in the case of a Florida limited unge(s) was/were authorized by an affirmative vote  |
| L own : 10/in all actor   |  |
| Printed or typed name of signee   | <del></del>  |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familian with and accept the obligations of Chapter 608, V.S., Or, if this document is being filed address, I hereby confirm that the limited liability consideration of Registered Agent   | and agree to act in this capacity. I further agree to<br>the proper and complete performance of my duties,<br>my position as registered agent as provided for in<br>to merely reflect a change in the registered office<br>ompany has been notified in writing of this change. |

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