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T. HAMPTON

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EXAMINER

COVER LETTER

Division of Corporations		
	ırm's Properties, LLC	
Name of Lim	ited Liability Company	
Description Malana		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Rebecca G. DiStefano, Esq.		
Name of Person		
Greenberg Traurig, P.A.		
Firm/Company		
5100 Town Center Circle, Suite 40	00	
Address		
Boca Raton, FL 33486		
City/State and Zip Code		
distefanor@gtlaw.com E-mail address: (to be used for future annual report notifi	cation\	
E-Man additions. (to be date to the date difficult report from		
For further information concerning this matter,	please call:	
Rebecca G. DiStefano, Esq.	955-7654	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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TO: Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 NOV -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 21, 2011

REBECCA G DISTEFFANO, ESQ GREENBERG TRAURIG PA 5100 TOWN CENTER CIR - STE 400 BOCA RATON, FL 33486

SUBJECT: GRACE FARM'S THOROUGHBREDS, LLC

Ref. Number: L08000113211

We have received your document for GRACE FARM'S THOROUGHBREDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on October 20, 2011.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 911A00024170

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:	Grace Farm's Properties, LLC
2. (a) Principal office address of limited liability com-	npany: 12360 Joda Lane
(Note: MUST BE STREET ADDRESS)	Jacksonville, Florida 32258
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	90 Fort Wade Road Ponte Vedra, Florida 32081
2/10/09	-L08000113211 L0900013981
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:
Registered Agent:	Richard Willich
Registered Office Address:	90 Fort Wade Road Ponte Vedra, Florida 32081
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Nancy E. Willich
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12360 Joda Lane Jacksonville ,FL32258
If the limited liability company is not organized under confirmed that after the change or changes are made, the diability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company. Nancy E. Willich, Manager Printed or typed name of signee I hereby accept the appointment as registered agent accomply with the provisions of all statutes relative to the comply with the provisions of all statutes relative to the complete form of the confirmited liability confirmite	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited ige(s) was/were authorized by a laffirmative vote otherwise provided in the articles of or mization spany. HASSEE OF STAIL

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