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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	SUBJECT: Cypress Pond Property, LLC Name of Limited Liability Company		
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
	James O. Carey Name of Person		
	Cypress Pond Property, LL Firm/Company	SECRE TALL AF	
	1345 Turtle Dunes Court Address Ponte Vedra Beach, FL 32082	OF STA:	
	City/State and Zip Code jim.lou.carey@gmail.com mail address: (to be used for future annual report of the information concerning this matter.)		
Jan	nes O. Carey, Registered Agent Name of Person	at (813) 417-0039 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	ng amount:	
Γ	\$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:	Cypress Pond Property, LLC
2. (a) Principal office address of limited liability compa	ny: 1345 Turtle Dunes Court
(Note: MUST BE STREET ADDRESS)	Ponte Vedra Beach, FL 32082-6507 USA
(b) Mailing address of limited liability company:	1345 Turtle Dunes Court
(Note: MAY BE POST OFFICE BOX)	Ponte Vedra Beach, FL 32082-6507 USA
February 27, 2009	L09000019 895
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	in the records of the Florida Delitrof State:
Registered Agent:	James O. Carey
Registered Office Address:	15848 Sanctuary Drive 52 = Tampa, FL 33647-1075 2 2 2
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
NEW Registered Office Address:	1345 Turtle Dunes Court
(MUST BE FLORIDA STREET ADDRESS)	Ponte Vedra Beach ,FL 32082-6507
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote provided in the articles of organization
James O. Carey	<u> </u>
Printed or typed name of signee I hereby accept the appointment as registered agent and	l agree to act in this capacity. I further agree to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to paddress, I hereby confirm that the limited liability compo	proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent