LU9000035891

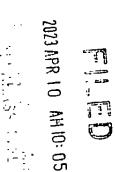
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(200111300 211111, 1111111)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Siling Officer				
Special Instructions to Filing Officer:				

Office Use Only



600406289966

04/10.23--01012--015 **25.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, 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.

) _		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	17800 SE 237th Court	17	17800 SE 237th Court	
	Umatilia, FL 32784		Jmatilla, FL 32784	
	04/13/2009	LOS	9000035891	
	Date of filing/registration in Florida	- 4	Document number	
(a)	Eric S. Mashburn			
	Registered Agent and Registered Office shown on the records of	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	102 E. Maple Street			
	Winter Carden	FL_34787		
(b)	Claire J. Hilliard Enter name of NEW Registered Agent and/or NEW Register C. J. Hilliard Law, P.A. NEW Registered Office Address: 102 E. Maple Street	red Office addre	TALI ALASSEE, FL	
	Winter Garden	FL 34787		
han gen /as/ ne s	Winter Garden e limited liability company is not organized under the age or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the member of a	laws of the S the registered I liability com rs of the limit the limited lia	office and the business office of the register	
	creby accept the appointment as registered agent and visions of all statutes relative to the proper and compl obligations of my position as registered agent as prov perely reflect a change in the registered office address	agree to act i lele performat ided for in Cl	•••	

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

INHS18 (2/14)