L09000043477

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
RATTLESNAKE MOUNTAIN LLC

Certificate of Status	0
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A. LUNT
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RATTLESNAKE MOUNTAIN LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Nelson
Name of Person

RATTLESNAKE MOUNTAIN LLC
Firm/Company

537 PARKWOOD LN
Address

NAPLES FL 34103
City/State and Zip Code

bradhd-74@comcast.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Elizabeth Nelson at (239) 649-0175
Name of Person 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 amount:

☐ $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: RATTLESNAKE MOUNTAIN LLC

2. (a) Principal office address of limited liability company: 537 PARKWOOD LN

(Note: MUST BE STREET ADDRESS) NAPLES FL 34103

(b) Mailing address of limited liability company: 537 PARKWOOD LN

(Note: MAY BE POST OFFICE BOX) NAPLES FL 34103

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2011 NOV 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/05/2009 — 3. Date of filing/registration in Florida

L09000043477 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NAPLES-LAWDOCK, INC.

Registered Office Address: 1395 PANTHER LANE, SUITE 300
NAPLES FL 34109

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)
Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Elizabeth Nelson
Signature of a member or authorized representative of a member

Elizabeth Nelson
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System — Assistant Secretary
Signature of Registered Agent — Ashley Pipes

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