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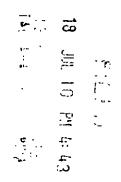
(Reque	estor's Name)	 _			
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Certified Copies	Certificate	s of Status			
Special Instructions to Fili	ng Officer:				

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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Port Ferdinand, LLC								
	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.							
Please return all correspondence concer	ning this matter to the following:							
Brian D. Hudson, Esq.								
Name of Person	1							
Holding Company of The Villages								
3619 Kiessel Road								
Address								
The Villages, Florida 32163								
City/State and Zip	Code							
legalnotices@thevillages.com								
E-mail address: (to be used for fut	ure annual report notification)							
For further information concerning this	matter, please call:							
Christi Jacquay	at (352) 753-6612							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRE 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							

INHS18 (2/14)

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.

1. N	ame of the limited liability company: Port Ferdinance	d, LLC					
2. (a)	3619 Kiessel Road	_ (b		essel Road		_	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N'	lailing address of li (Note: MAY BE)			-
	The Villages, Florida 32163	_	The Villa	ages, Florida	32163	_	
	06/04/2009		L0900005	54495			
3.	Date of filing/registration in Florida	4.	•	Document num	ber		
5. (a)	Brian D. Hudson, Esq.						
<i>5.</i> (a	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	r.			
	1020 Lake Sumter Landing			÷	2 -	ፚ	
	Registered Office Address	<u>DDRESS</u>	2		•-		
	The Villages . FL	3216	52			⊕ ‡	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered 9 3617 Kiessel Road NEW Registered Office Address:	Office ad	dress:		g. ·	्र । इ.स.	
	The Villages , FL	3216	3				
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the limited liability.	the regi bility co f the lin	stered office ompany, it is nited liability	e and the busines s hereby confirm y company or as	ss office oned that the	of the reg ne chang	gistered e(s)
		Bri	an D. Hud:				
-	ature of a member of authorized representative of a member			Printed or typed n	_		
provis the ob- to me	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address. I he ad in writing of this change.	ee to ac perform I for in (ereby c	t in this cape ance of my e Chapter 605 onfirm that i	acity. I further a duties, and I am , F.S. Or, if this the limited liabi	agree to c familiar s documen lity comp	comply with and with and is bein any has	ith the l accept ig filed been
Signat	ere of Registered Agent Brian D. Hudson, Egg						