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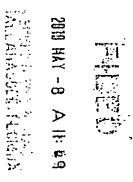
(Re	equestor's Name)	,
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: Citadel Island LLC	
3010		of Limited Liability Company
Dear Sir	r or Madam:	
The enc	losed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this	matter to the following:
John A	A. DeSalvo	
	Name of Person	
Citade	el Island LLC	
	Firm/Company	
120 Sc	outh Seranata Drive, Villa #331	
	Address	
Ponte	Vedra Beach, FL 32082	
	City/State and Zip Code	
E-	mail address: (to be used for future annua	al report notification)
For furth	her information concerning this matter, p	lease call:
John A	A. DeSalvo	904 342-7242
	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 a	mount:
	☑ \$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.

(a)	120 South Seranata Drive, Villa #331	(b) 120 South Seranata Drive, Villa #331
. (4)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Ponte Vedra Beach, FL 32082		Ponte Vedra Beach, FL 32082
	06/17/2009		L09000058810
	Date of filing/registration in Florida	4.	Document number
(a)	RAX Co.		
(11)	Registered Agent and Registered Office shown on the reco	rds of the Florid	la Dept. of State:
	50 North Laura Street		
	D 1 1 2002 4 3 1 24 24 20 20 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Registered Office Address (MUST BE FLORIDA STR Suite 3300	<u>EET ADDRES</u>	<u>SS)</u>
	Suite 3300 Jacksonville	<u>EET ADDRES</u> FL 32202	
(b)	Suite 3300		
(b)	Suite 3300 Jacksonville	FL <u>32202</u>	ddress:
(b)	Suite 3300 Jacksonville John A. DeSalvo	FL <u>32202</u>	ddress:
(b)	Suite 3300 Jacksonville John A. DeSalvo Enter name of NEW Registered Agent and/or NEW Regi	FL <u>32202</u>	ddress:

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.

Signature of a member or authorized representative of a member

John A. DeSalvo

Printed or typed name of signee

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 605, 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.

Signature of Registered Agent