#.1/0000044853

| (Requestor's Name) | |
|---|--|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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K. SALY EXAMINER WAY 28 2011

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: FOUVESTRYS Pro | operty Inouations, Luc d'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 m | natter to the following: | |
| Sherry T. Forrester Name of Person | · | |
| Forresters Properly Inno | <u>luations</u> | |
| 196 Chippewa Street | - | |
| Niceville, FL 30578 City/State and Zip Code | | |
| SJF11201@ AOL, COM E-mail address: (to be used for future annual report notification | on) | |
| For further information concerning this matter, ple | ease call: | |
| Sherry of Forester at C | 239 370-7516 | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Area Code & Daytime Telephone Number 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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida. | r to change its registered office or registered | | |
|---|---|--|--|
| 1. Name of the limited liability company: Forresta | r's Property Innovations | | |
| 2. (a) Principal office address of limited liability company | : 194 Chipawa Street | | |
| (Note: MUST BE STREET ADDRESS) | Niceville, FL 32578 | | |
| (b) Mailing address of limited liability company: | (SAME as ABOVE) | | |
| (Note: MAY BE POST OFFICE BOX) | | | |
| April 27, 2010 3. Date of filing/registration in Florida | L 10000044853 | | |
| 5. (a) Registered Agent and Registered Office shown on t | | | |
| Registered Agent: | United States Corporation Agents | | |
| Registered Office Address: | 133 Winding Oaks Blvd. Suite A TAMPA, FL 33UIU | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| NEW Registered Agent: | Sherry J. Forrester | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | NICEVITE ,FL 32578 | | |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or athorized representative of a member | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an afternative tote. | | |
| Sherry J. Forester Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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