Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE

GLOBAL PLANTATION INVESTMENT - DEEP CREEK, LLC

| Certificate of Status | 0 |
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3/2/2016 10:38:19 AM From: To: 8506176383(2/3)

COVER LETTER

| | | _ | | | |
|-------------------------------|--|-------------------|---|------|--|
| | istration Section sion of Corporations | | | | |
| SUBJECT: | GLOBAL PLANTATION INVESTMENT - DEEP CREEK, LLC Name of Limited Liability Company | | | | |
| | | | | | |
| Dear Sir or I | Madam: | | | | |
| The enclosed | d Registered Agent/Registered Off | fice Change and | fee(s) are submitted for filing. | | |
| Please return | all correspondence concerning th | is matter to the | following: | | |
| Sheena Hu | | | | | |
| | Name of Person | | _ | | |
| GLOBAL PL | ANTATION INVESTMENT - DEEP | P CREEK, LLC | | | |
| | Firm/Company | | _ | | |
| 343 NW Whi | tetail CT | | | | |
| | Address | | · | | |
| Luke City, FI | 2 32055 | | • | | |
| | City/State and Zip Code | | | | |
| sheenaxlim@ | yuhoo.com | | | | |
| E-mail | address: (to be used for future and | nual report notif | ication) | | |
| For further is | nformation concerning this matter | , please call: | | | |
| Sheena Ho | | 347 at (| 433-6208 | _ | |
| | Name of Person | | Area Code & Daytime Telephone Nun | iber | |
| Regi Divi Cliff 2661 | tEET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | Re Di P.C | AILING ADDRESS: gistration Section vision of Corporations D. Bux 6327 Hahassee, Florida 32314 | | |
| | losed is a check for the following | g amount: | | | |
| 3 \$ | 25 Filing Fee | - \$: | 55 Filing Fee & Certified Copy | | |
| INHS18 (2/14 | 1) | | | | |
| | | | | | |

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.

| | 343 NW WHITETAIL CT | | VESTMENT - DEEP CREEK, LLC |
|---|---|---|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LAKE CITY, FL 32055 | (b) _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 08/17/2010 Date of filing/registration in Florida | | 0000086193 Document number |
| | HO SHEENA Y | •• | |
| 5. (a) | Registered Agent and Registered Office shown on the records of Registered Office Address (MUST RE FLORIDA STREET | | ept. of State: |
| | 343 NW WHITETAIL CT | | |
| | LAKE CITY , F | 132055 | 2016 HAR |
| (b) | C T Corporation System | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registere | d Office addre | SSF 2 |
| | NEW Registered Office Address: | | S S S S |
| | 1200 South Pine Island Road | | |
| | Plantation , F | լ 33324 | |
| Signa I here provis the obto men notifie CTC | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member or authorized representative of a member observed in the proper and complete ligations of my position as registered agent and aging the proper and completely reflect a change in the registered office address, and in writing of this change. Outport of Registered Agent | aws of the Softhe register liability come of the limited liability come of the limited liability sheen. | red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. 1 Ho Printed or typed name of signee |