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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special instructions to Filing Officer: | | |
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Office Use Only



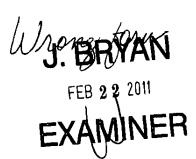
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SECRETARY OF STATE OR OR ANASSFF. FLORID.





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2011

BRADY A HART MBH PROPERTIES LLC 201 NORTHSTAR CT. SANFORD, FL 32771

SUBJECT: MBH PROPERTIES LLC

Ref. Number: L10000120288



We have received your document for MBH PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 611A00002161

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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| | PERTIES LLC Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Cl | nange and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this mat | tter to the following: | |
| Brady A. Hart Name of Person | | |
| MBH Properties LLC | | |
| 201 Northstar Court | IT FEB 2 I | |
| 201 Northstar Court Address Sanford, FL 32771 City/State and Zip Code CRETARY OF STATE City/State and Zip Code | | |
| debrah @ Sgi-guartz. Com E-mail address: (to be used for Juture annual report notification | | |
| For further information concerning this matter, pleas | se call: | |
| Debra Harsh at (4 | 107 323 - 500 Z 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: M & | 3 H Properties LLC |
|--|--|
| 2. (a) Principal office address of limited liability comp | |
| (Note: MUST BE STREET ADDRESS) | Sanford, FL 32771 |
| (b) Mailing address of limited liability company: | 201 Northstar Ct. |
| (Note: MAY BE POST OFFICE BOX) | Sanford, FL 32771 |
| 11/19/2010 | L10000120288 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: |
| Registered Agent: | United States Corporation Agents, Inc |
| Registered Office Address: | 13302 Winding Oaks Blud |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | NEW Registered Office address: Brady A. Hart 201 Northstar Ct. Sanford, FL 32771 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Brinted or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my chapter 608, F.S. Or, if this document is being filed to an address, I hereby confirm that the limited liability company. Signature of Registered agent | e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative votemerwise provided in the articles of argamization any. |

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