## L110000022392

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bt	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	

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A. LUNT

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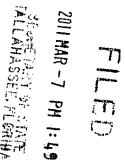
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: 734 Highgate Park, LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
	e4 pa_1
Edward J. Lawton, Esq.	SE SME DAR ALLAHASS
Name of Person	
Axley Brynelson, LLP	luka-i
Firm/Company	
the state of the s	
P O Box 1767  Address	<u> </u>
Address	And the College County of the College
Madison, WI 53701-1767	
City/State and Zip Code	
elawton@axley.com	
elawton@axley.com E-mail address: (to be used for future annual report not	itification)
For further information concerning this matter	r nlegge call:
Tot further morniador concerning ma maner	1, preuse cuii.
	at ( 608 ) 283-6717
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	· · ·
Enclosed is a check for the following	g amount:
X \$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: 734 Highga	ate Park, LLC
2. (a) Principal office address of limited liability comp	any: 734 Highgate Park Boulevard
( <u>Note: MUST BE STREET ADDRESS</u> )	Davenport, FL 33897
(b) Mailing address of limited liability company:	S93W30620 CTH NN
(Note: MAY BE POST OFFICE BOX)	Mukwonago, WI 53149
February 22, 2011	L11-22392
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Depty of State:
Registered Agent:	Sarah Blackwell
Registered Office Address:	2070 Ringling Avenue Sarasota, FL 34237
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	NEW Registered Office address.
<b>NEW</b> Registered Agent:	NH Business Services, Inc.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2070 Ringling Avenue
1	Sarasota ,FL 34237
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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as other organized representative of a member of an authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization
Edward J. Lawton, Esq. Printed or typed name of signee	<u></u>
I hereby accept the appointment as registered agent an 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 address, I hereby confirm that the limited liability compaignature of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office cany has been notified in writing of this change.

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