L110000 48805

(Requestor's Name)							
(Address)							
(Address)							
,							
(Ch. (Ch. ha /7) n /Dh n n n 40)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAII	L						
(Business Entity Name)							
(Document Number)							
,							
Contillant Coming Contillants of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
	-						

Office Use Only



900209355339

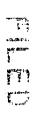
06/27/11--01020--013 **50.00

T. CLINE

JUN 28 2011

EXAMINER

SECRETARY OF STATE



COVER LETTER

*ID ID COT	MADIONI	ם מכי	בסדור	s 00	A1 A 1 L C			
UBJECT:	MARION F Name of I							—
	.,	31111110	23.401110	Сотр	,			
ear Sir or Madam:								
ne enclosed Register	ed Agent/Registered C)ffice (Change ar	nd fee(s) are submitt	ed for f	ĭling.	
ease return all corre	spondence concerning	this ma	atter to th	e follov	ving:			
M	ARY M. GANOE							
	Name of Person							
CENTRAL	FLORIDA STATE B.	ANK						
1180	00 S US HWY 441 Address							
BELL	EVIEW, FL 34420							
	/State and Zip Code							
mary	.ganoe@cflsb.com							
E-mail address: (to be u	sed for future annual report no	otificatio:	n)					
or further information	n concerning this matte	er, plea	se call:					
							AI SE	201
	. PHINNEY	_ at (352)		307-5		「 ラフ フ	
Name of I	Person Person		Are	a Code &	Daytime Teleph	one Numi	S A	*
STREET/COU	RIER ADDRESS:	•	MAIL	ING AI	DDRESS:		SE ²	27
Registration Sec			m -					
Division of Corp			Division of Cornorations === \(\sigma \)					
Clifton Building			P.O. B	ox 6327	-		SEA SEA	<u>.</u> ;X
2661 Executive			Tallah	assee, Fl	orida 32314		рті Р	47 Y
Tallahassee, Flo	rida 32301						•	
Enclosed is a c	check for the followin	g amo	unt:					
\$25 Filing F	ee		□ \$55 E	Filing F	ee & Certifie	d Conv	,	

TO: Registration Section

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.

Name of the limited liability company:MARIC	ON PROPERTIES OCALA, LLC					
2. (a) Principal office address of limited liability company	7: 11800 US HIGHWAY 441					
(Note: MUST BE STREET ADDRESS)	BELLEVIEW FL 34420					
(b) Mailing address of limited liability company:	11800 US HIGHWAY 441					
(Note: MAY BE POST OFFICE BOX)	BELLEVIEW FL 34420					
04/25/2011	L11000048805					
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:	JEFFREY M. RUTTENBER					
Registered Office Address:	11800 U.S. HIGHWAY 441 BELLEVIEW FL 34420 US					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the limited street and the limited liability company is not organized under the limited street.	EUGENE E. PHINNEY SELVENT TO THE PROPERTY OF T					
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member	orida street address of the registered office					
EUGENE E. PHINNEY, MANAGER Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 508 F. S. Or, if this document is being filed to men address. Hereby confirm that the limited liability company. Signature of Registered Agent	- gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely 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

INHS18 (05/08)