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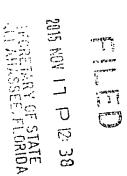
| (Re | questor's Name) | | | | | |
|---|-------------------|------|--|--|--|--|
| (Ad | dress) | | | | | |
| (Ad | dress) | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: BUCKEYE GULF PROPERTIES, LLC Name of Limited Liability Company | | | | | | |
| D. 0' M.I | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| OLEN VAUGHN Name of Person | | | | | | |
| BUCKEYE GULF PROPERTIES Firm/Company | | | | | | |
| 1622 RIVER ROAD Address | | | | | | |
| MAUNEE OH 43537 City/State and Zip Code | | | | | | |
| GEVAUGHN @ AOL, COM | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| GLEN VAUGHM at (419) 343-0285 | | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Tallahassee, Florida 32301 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$25 Filing Fee & Certified Copy | | | | | | |

INHS18 (2/14)

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.

| Pioriac | · | _ | _ | | |
|---|---|--|---|---|---|
| 1. Na | me of the limited liability company: Buckeye | - GOLF | PROPE | 277E | s, LLC |
| 2. (a) | , | (b) | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | | | | • • |
| | 1622 RIVER ROAD | 16 | 22 R1 | sere K | OAD |
| | MAUMER, OH 43537 | M | AUMEE | , OH | 43537 |
| | 18 Juy 2011 | L11 | 10000 | 8240 | 3 |
| 3. | Date of filing/registration in Florida 4. | D | ocument numb | er | |
| 5. (a) | JAMET M. STRICKLAND | | | | |
| \ | Registered Agent and Registered Office shown on the records of the Florida | da Dept. of State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRES | <u>SS)</u> | | | |
| | 2340 PERIWINKLE WAY | SUITE | 丁-1 | | , |
| | SANIBEZ ,FL 3 | 39 <u>5</u> 7 | | , 19i | |
| (b) | GLEN VAUGHN | | ۳۰ حرا شد | 13.251 VON 51 | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered Office a | ddress: | อีก เก | ≥ — · | कु स्थाप विश |
| | OCEANS REACH, 3D4 | | 71) 71) 71) | 7 P = | |
| | NEW Registered Office Address: | | Ç, | <u> </u> | |
| | 2230 CAMINO DER M. | 9 R | DA | 300 | |
| | SANIBER ,FL 3 | 3957 | | | |
| the cha agent v was/we | mited liability company is not organized under the laws of the new or changes are made, the Florida street address of the regular be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the light of organization or the operating agreement of the limited members. | sistered office a company, it is h mited liability of I liability compa | and the business hereby confirmed company or as a any. | s office of the ed that the co otherwise pr | ne registered hange(s) rovided in |
| Signat | ure of a member or authorized representative of a member | P | Printed or typed na | me of signee | · B · · · |
| provisi the obl to mere notified | by accept the appointment as registered agent and agree to a cons of all statutes relative to the proper and complete performing a complete performing a complete performing as a complete performing the complete performing reflect a change in the registered office address, I hereby I in writing of this change. | at in thin aanaa | its. I Grathau a | ~~~ to oou | nla with the |
| Signatu | e of Registered Apend | | | | |

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