L11000112163

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Reque | estor's Name) | |
|--|---|----------------|-------------|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Addre | ss) | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Addre | ss) | |
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| Special Instructions to Filing Officer: | Certified Copies | Certificates | s of Status |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations **Great White Properties Two LLC** Name of Limited Liability Company 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: Glenn White Name of Person Firm/Company City/State and Zip Code Ourfamily@GlennWhiteInsurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glenn White Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

■ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301----

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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: Great White Properties Two LLC 2. (a) Principal office address of limited liability company: 17420 SE Deckard (Note: MUST BE STREET ADDRESS) Scring OR 97009 (b) Mailing address of limited liability company: po box 486 (Note: MAY BE POST OFFICE BOX) Gresham OR 97030 L11000112163 4. Document number Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Ronald O White Registered Office Address: 5825 West Shore Dr Pensacola, Florida 32526 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Mork Downey & associates inc. 另元 NEW Registered Office Address: 9409 Highway 98 West Suite 50 100 (MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Penescola

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (05/08)