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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RANCH 7356, LL		
Name of L	imited Liability Company	
Dear Sir or Madam:	·	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Michael E. Jacquin		
<u> </u>		
Name of Person		
Ranch 7356, LLC		
Firm/Company		
P.O. Box 4343		
Address		
Ft. Pierce, FL 34948		
City/State and Zip Code		
michael.jacquin@pjsi.co	m ·	
E-mail address: (to be used for future annual report no		
•		
For further information concerning this matte	r, please call:	
Michael Jacquin	at (772) 465-2475	
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 followin	g amount:	

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.

5 , ,		
1. Name of the limited liability company: RANCH 7356, LLC		
2. (a) Principal office address of limited liability compa	nv: 7348 COMMERCIAL CIRCLE	
(Note: MUST BE STREET ADDRESS)	FT. PIERCE, FL 34951	- <u>~</u>
		Pri 3
(b) Mailing address of limited liability commonly	P.O. BOX 4343	三三 第 7
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	FT. PIERCE, FL 34948	352 W F
(Mote, MATI BETOST OFFICE BOA)		200 m
		TOP Z D
10/11/2011	L11000116351	S T
3. Date of filing/registration in Florida	4. Document number	실크 -
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida D	ept. of State:
Registered Agent:	BRUCE B. ABERNETHY, JR.	
Registered Office Address:	500 VIRGINIA AVE.	
Registered Office Address.	SUITE 202	
	FT. PIERCE, FL 34982	
<u>NEW</u> Registered Agent:	MICHAEL E. JACQUIN	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7348 COMMERCIAL CIRCLE	
MOST BE FLORIDA STREET ADDRESS	FT. PIERCE, FL 34951	,FL
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member of anthorized representative of a member	Florida street address of the r	egistered office
MICHAEL E JACOUIN		
MICHAEL E. JACQUIN Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Gr. if this document is being filed to had been address, thereby confirm that the limited liability compand.	l agree to act in this capacity. proper and complete perform position as registered agent a nerely reflect a change in the any has been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.

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