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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Division of C		•	
SUBJI	ECT:	HCB/FREEPOI	RT ACQUISITION, LLC	
			ited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matte	r to the following:	
			Timothy Edwards	
			Name of Person	
		ST	ERLING DIVERSIFIED	
			Firm/Company	SELEC
			Post Office Box 1735	P. P.
			Address	
			Destin, FL 32540	PR 23 MII: 28
			City/State and Zip Code	7.0
		caldrich@ E-mail address: (crystalbeachdevelopment.co	m Horizon
For furt	ther information	concerning this matter, please of	call:	
		Cindy Aldrich		126, ext 105
	Name	of Person	Area Code & Daytime T	elephone Number
Enclose	ed is a check for	the following amount:		
₹]\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati	
		Box 6327	Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

HCB/FREEPORT ACQUISITION, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A	Fiorida Limited L	Liability Company)		36.7
The Articles of Organization for this Limited Lia	ability Company	were filed on	ecember 12, 2011	and assigned.
Florida document number L11000139	579			
				OP OP
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>'e</u> :	
REG	SENCY ACQU	JISITION 🕇 ,	LC	
The new name must be distinguishable and end with "L.L.C."				LC" or the abbreviatio
Enter new principal offices address, if applicable:		20001 A EMERALD COAST PARKWAY		
(Principal office address MUST BE A STREET ADDRESS)		DESTIN, FL 32541		
Enter new mailing address, if applicable:		POST OFFICE BOX 1735		
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	DESTIN, FL 32540		
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	TIMOTHY E	DWARDS	<u> </u>	
New Registered Office Address:	20001 A EM	IERALD COAS	T PARKWAY	
	Enter Florida street address			
		DESTIN	, Florida	32541
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered	l agent and agre	ee to act in this ca	pacity. I further agre	e to comply with
the provisions of all statutes relative to the pro accept the obligations of my position as regist	oper and compl	lete performance	of my duties, and I an	n familiar with and

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
			Add Pacemove
			Addu Remo
			Romative
			_
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheet.	· · · · · · · · · · · · · · · · · · ·
,			
Dated	APRIL 19	2012	
	Signature of a	member or authorized representative of a mem	nber
		TIMOTHY EDWARDS	

Page 2 of 2

Filing Fee: \$25.00