Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273 : (904)398-3911 Phone : (904)396-0663

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Email Address:

LLC REGISTERED AGENT CHANGE CRIPPLED EAGLE HUNT CLUB, LLC

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A. LUNT

JUL 20 2011

EXAMINER

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H12000185962

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: | CRIPPLED EAGLE HUNT CLU | IB, LLC |
|---|---|--|
| 2. (a) Principal office address of limited liability comp | any: | |
| (Note: MUST BE STREET ADDRESS) | 4960 HWY 90 . SUITE 150 PACE, FL 32571 | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | 4960 HWY 90 , SUITE 150 PACE, FL 32571 | - Bu 2 |
| | | 25 B |
| 06/25/2012 | L12000084 | \$103±(n) |
| 3. Date of filing/registration in Florida | 4. Document number | SS = |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida | Dept of State: |
| Registered Agent: | MARC M. MAYO | 三次 畫 |
| Registered Office Address: | 1301 RIVERPLACE BLVD., S | SUFFECTSOOM |
| | JACKSONVILLE FL 32207 | 3 6 1 |
| | | |
| NEW Registered Agent: | CHARLES R. CURLEY, JR. | |
| NEW Registered Office Address: | 1301 RIVERPLACE BLVD., S | SUITE 1500 |
| (MUST BE FLORIDA STREET ADDRESS) | JACKSONVILLE | ,FL32207 |
| 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 idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp | c Florida strect address of the entical. Or, in the case of a l e(s) was/were authorized by | e registered office Florida limited an affirmative vote |
| Signature of a member of authorized representative of a member | | |
| CHARLES R. CURLEY, JR. | | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacit proper and complete perfori position as registered agent merely reflect a change in th any has been notified in writ | y. I further agree to mance of my duties, as provided for in e registered office ing of this change. |
| Signature of Registered Agent | | |

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