

# L12000094193

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : BURR & FORMAN LLP  
Account Number : I19990000278  
Phone : (407) 540-6600  
Fax Number : (407) 540-6601

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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## LLC REGISTERED AGENT CHANGE BREAK POINT ALLEY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**EXAMINER**

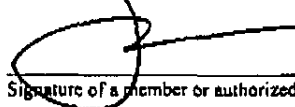
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*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: **BREAK POINT ALLEY, LLC**
2. (a) Principal office address of limited liability company: **1950 Classique Lane  
Tavares, Florida 32778**  
(b) Mailing address of limited liability company: **1950 Classique Lane  
Tavares, Florida 32778**
3. Date of filing/registration in Florida: **July 20, 2012**
4. Document number: **L12000094193**
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: **Richard B. Kosto**  
Registered Office Address: **111 Shadow Trail  
Longwood, Florida 32780**  
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: **John B. Shoemaker, Esq.**  
NEW Registered Office Address: **Burr & Forman LLP  
200 S. Orange Avenue, Suite 800  
Orlando, Florida 32801**

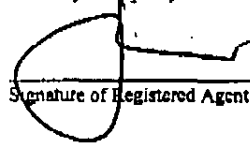
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was 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.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John B. Shoemaker  
\_\_\_\_\_  
Printed or typed name of signer

*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 608, 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  
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