

L1200013945/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
13 JUL 26 AM 11:09

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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAPLE CREEK PARTNERS (FL), 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:

DAWN MCQUEARY VEZINA

Name of Person

COHEN & GRIGSBY

Firm/Company

MERCATO - 9110 STRADA PLACE, SUITE 6200

Address

NAPLES, FLORIDA 34108

City/State and Zip Code

DVEZINA@COHENLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN MCQUEARY VEZINA at (239) 390.1902

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

cohen&grigsby® | a culture of performance

Henry C. Cohen
Direct Dial: 239-390-1903

hcohen@cohenlaw.com
Fax: 239-390-1901

July 23, 2013

Sent Certified Mail Return Receipt

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change for Registered Agent

Dear Sir/Madam:

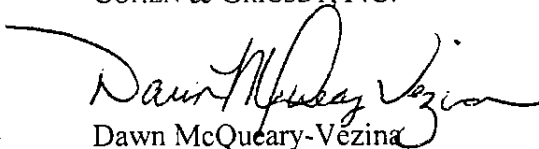
Enclosed are 8 (eight) of the above referenced forms and a check for \$200. The check represents the total amount due for each of the individual filing fees.

If you have any questions, please contact me at 239-390-1902.

Thank you for your assistance in this matter.

Sincerely,

COHEN & GRIGSBY, P.C.



Dawn McQueary-Vézina
Legal Assistant to Henry C. Cohen

Enclosures

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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: MAPLE CREEK PARTNERS (FL), LLC

2. (a) Principal office address of limited liability company: 3560 FORT CHARLES DRIVE
(Note: MUST BE STREET ADDRESS) NAPLES, FLORIDA 34102

(b) Mailing address of limited liability company: 3560 FORT CHARLES DRIVE
(Note: MAY BE POST OFFICE BOX) NAPLES, FLORIDA 34102

11/02/2012 L12000139451
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: PATHSTONE FAMILY OFFICE, LLC

Registered Office Address: 23180 FASHION DRIVE
SUITE 227
ESTERO, FLORIDA 33928

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Cohen & Grigsby, P.C.

NEW Registered Office Address: COHEN & GRIGSBY
(MUST BE FLORIDA STREET ADDRESS) MERCATO - 9110 STRADA PLACE, SUITE 6200
NAPLES, FL 34108

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.

GEORGE FELIX HAMEL, JR.
Signature of a member or authorized representative of a member

GEORGE FELIX HAMEL, JR.
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]
Signature of Registered Agent

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

FILED
SECRETARY OF
DIVISION OF CORP.
13 JUL 26 AM 11:00