

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000307461 3)))



H16000307461 3ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904) 398-3911  
Fax Number : (904) 396-0663

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
THE BARBARA WRAY SUGGS SPRING LAND TRUST LLC**

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

RECEIVED

2016 DEC 15 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 15 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: The Barbara Wray Suggs Spring Land Trust, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7300 Northeast Ginnie Springs Road

High Springs, FL 32643

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7300 Northeast Ginnie Springs Road

High Springs, FL 32643

12/14/2012

3. Date of filing/registration in Florida

L12000156913

4. Document number

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

Donald C. Wright

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1300 Riverplace Boulevard, Suite 1500

Jacksonville, FL 32207

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

Vicki L. Meadors

**NEW Registered Office Address:**

1301 Riverplace Boulevard, Suite 1500

Jacksonville, FL 32207

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.

Barbara Wray  
Signature of a member or authorized representative of a member

Barbara Wray, Member

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 605, 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.

Vicki Meadors  
Signature of Registered Agent

FILED  
 DEC 15 10:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA