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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| . (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Basiness Emily Hame) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|---|--------------------------|---------------------------------------|--|--|--|
| SUBJI | | l: | | | | |
| | Nam | e of Limited Liab | ollity Company | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Offic | ce Change and fe | e(s) are submitted for filing. | | | |
| Please | return all correspondence concerning thi | s matter to the fol | llowing: | | | |
| John | J. Thresher, Esq. | | , | | | |
| | Name of Person | | • | | | |
| Thres | her & Thresher P.A. | | | | | |
| | Firm/Company | | | | | |
| 4113 | W. DeLeon St. | | | | | |
| | Address | | | | | |
| Tamp | a, FL 33609 | | | | | |
| | City/State and Zip Code | | | | | |
| John. | Thresher@ThresherPA.com | | | | | |
| Ē | -mail address: (to be used for future annu | ual report notifica | tion) | | | |
| For fur | ther information concerning this matter, | please call: | | | | |
| John . | J. Thresher | 813 at (| 8351199 | | | |
| | Name of Person | 4 | Area Code & Daytime Telephone Number | | | |
| | STREET/COURIER ADDRESS: Registration Section | | MAILING ADDRESS: Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | | |
| | Clifton Building | | Box 6327 | | | |
| | 2661 Executive Center Circle | Tallal | hassee, Florida 32314 | | | |
| | Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| | ■ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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. Na | ame of the limited liability company: 280 GGP, LLC | | | | |
|--|--|---|---|--|--|
| 2. (a) | 280 Golden Gate Point | (b) 280 | (b) 280 Golden Gate Point | | |
| -· (w) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mailing address of limited (Note: MAY BE POST | • • • | |
| | #900 | #90 | 0 | | |
| | Sarasota, FL 34236 | Sar | asota, FL 34236 | | |
| | 12/18/2012 | L120 | 000157674 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a) | Cynthia McCague | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of t | of State: | | | |
| | 280 Golden Gate Point | | in | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | PR 1 | |
| | #900 | | | R 28 | |
| | Sarasota, FL | 34236 | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 4233 W. El Prado Blvd. | | 2 G | | |
| | NEW Registered Office Address: | | | | |
| | Tampa , FL | 33629 | | | |
| the cha agent v was/we the arti | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the registered ability compan of the limited li limited liabilit | office and the business off y, it is hereby confirmed the ability company or as other | fice of the registered hat the change(s) | |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name o | f signee | |
| provisi the obl to mer | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change in the registered office address, I have a change. | ee to act in thi performance of I for in Chapto iereby confirm | is capacity. I further agree of my duties, and I am fami er 605, F.S. Or, if this doc a that the limited liability c | e to comply with the iliar with and accept ument is being filed ompany has been | |
| Signatu | re of Registered Agent | | | | |