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nits rida.	nt to the provisions of sections 605.0114 or 605.011 the following statement in order to change its re	gistered office	e or registered agent, or both, in the State of
Nar	ne of the limited liability company:	LC	
	14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6309 Greatwater Drive		
	Windermere, FL 34786		
	02/25/2013		L13000029166
	Date of filing/registration in Florida	4,	Document number
	DAVIS, DEBORAH K		
	Registered Agent and Registered Office shown on the records of 6309 GREATWATER DRIVE	f the Finrida Dept	of State:
	Registered Office Address (MUST III: FLORIDA STREET	ADDRESSI	
	WINDERMERE F	34786	FILE
	C T Corporation System		ASSEE F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		9: 3t
	NEW Registered Office Address:		
	1200 South Pine Island Road		<u></u>
	Plantation, F	133324	
: cha ent v s/we : arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	liability compa of the limited in limited liabil	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in hty company.
$\overline{\Sigma}$	the of a member or authorized representative of a member	Dennis B	Printed or typed name of signee
ligna	ture of a member or authorized depresentative of a member		this capacity. I further agree to comply with the of my duties, and I am familiar with and accest

Signature of Registered Agent

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