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ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION (

COST LIMIT

ORDER DATE: November 5, 2013

ORDER TIME : 9:26 AM

ORDER NO. : 872988-010

CUSTOMER NO: 7726603

CHANGE OF AGENT

NAME:

ORANGE BLOSSOM PROPERTY

HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 62940

EXAMINER:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORANGE BLOSSOM PROPERTY HOLDINGS, 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:

Jeanette Barela

Name of Person

Orange: Blossom Property Holdings, LLC

Firm/Company

12730 High Bluff Drive, Suite 250

Address

San Diego, CA 92130

City/State and Zip Code

jeanette@kellyinvestmentgroup.com

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

For further information concerning this matter, please call:

Jeanette Barela

619 , 687-5000 ext. 1116

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

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. Na | me of the limited liability company: Oranga Blossom Prope | erty Haldings, LLC | | |
|--|--|--|--|--|
| 2. (a) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | y: 12730 High Bluff Orive, Suite 250 | | |
| | | San Diego, CA 92130 | | |
| (b) | | 12730 High Bluff Drive, Suite 250 | | |
| | (Note: Jan Be Toby Of Tice Bon) | San Diego, CA 92130 | | |
| 2/26/201 | 3 | 1.13000029986 | | |
| 3. Da | te of filing/registration in Florida | 4. Document number | | |
| 5. (a) | Registered Agent and Registered Office shown on | the records of the Florida D | Dept. of State: | |
| | Registered Agent: | Kenneth L. Wood | | |
| | Registered Office Address: | 2070 South Orange Blossom Trall | 2013 N | |
| | | Apopka, FL 32703 | | |
| | · | | -6 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office addressing | | | | |
| | NEW Registered Agent: | Corporation Service Company | | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | RIDA RIDA | |
| | IMUST BE FLORIDA STREET ADDRESS) | Tallahassee | ,FL_32301 | |
| confirmand the liability the method operator MVD Printed I here compliand I and I address | limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwiserating agreement of the limited liability company. The limited liability company or as otherwiserating agreement of the limited liability company. The limited liability company or as otherwise of a member The limited liability company of the provisions of all statutes relative to the provisions of all statutes relative to the provision of this document is being filed to me as I hereby confirm that the limited liability company that the limited liability company to the limited liability to the li | lorida street address of the ical. Or, in the case of a FI was/were authorized by an se provided in the articles of the ITS: MANAGER BY: MICHAEL R. | registered office orida limited I affirmative vote of of organization or NIENCE STIRES, LLC -ELY TRUST DATED 2004 ER | |
| Signatu | or of Rootstered Agent as its agent | | | |

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