## 113000041721

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SECRETARY OF STATE
AND ASSEED FLORIDA

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## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	REEF RETREAT LLC					
	Nar	Name of Limited Liability Company				
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	nis matter to the fo	ollowing:			
BRIAN J.	AUNGST, JR.					
-	Name of Person		_			
MACFARI	_ANE FERGUSON & MCMU	JLLEN				
	Firm/Company		-			
625 COUF	RT STREET, SUITE 200					
	Address		<del>-</del>			
CLEARWA	ATER, FL 33756					
	City/State and Zip Code	<del></del>	_			
bja@macf	ar.com					
E-mail	address: (to be used for future and	nual report notific	ation)			
For further in	nformation concerning this matter	, please call:				
BRIAN J.	AUNGST, JR.	727	441-8966			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	istration Section sion of Corporations con.Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>2</b> \$2	25 Filing Fee	<b>\$</b> 55	Filing Fee & Certified Copy			
INHS18 (2/14	<b>(</b> )					

## STÅTEMENT 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. N	ame of the limited liability company: REEF RETR	EAT LL	<u>C</u>		
2. (a)	123 COULTER AVENUE	(h	(b) 123 COULTER AVENUE		
()	Principal office address of limited liability company:		/	Mailing address of limited liability company:	
	( <u>Note: MUST BE STREET ADDRESS</u> ) SUITE 200		CHITE (	(Note: MAY BE POST OFFICE BOX)	
			SUITE 2	200	
	ARDMORE, PA 19003		ARDMO	PRE, PA 19003	
	03/19/2013		L1300004	41721	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	JAMES N. POWELL				
( <del></del> )	Registered Agent and Registered Office shown on the records of ONE PROGRESS PLAZA	the Florida	Dept. of State	<del>-</del> e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 1210			- 18	
	ST. PETERSBURG, FL	33701			
(b)	BRIAN J. AUNGST, JR.			FILED P	
Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	MACFARLANE FERGUSON & MCMULLEN	N		THE TO PH THE	
	NEW Registered Office Address:			<del>-</del>	
	625 COURT STREET, SUITE 200		<u> </u>	-	
	CLEARWATER, FL	33756		-	
the chagent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability constants of the limited in the second constants.	stered office ompany, it is sited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performed for in ( hereby c	in this cape ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signati	ire of Registered Agent				

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