12/17/2020

Division of Corporations

Florida Department of State

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Division of Corporations

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Account Number : I19980000021 : (863)465-2811 : (863)465-6999 Fax Number

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

terri@heartlandlaw.com

Email Address:

LLC REGISTERED AGENT CHANGE HOOD-FLETCHER PROPERTIES, LLC

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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.

| l. Na | ame of the limited liability company: Hood-Flet | tcher Properties, | s, LLC |
|---------------------------|--|---|---|
| 2. (a) | Prior: 2301 Lake Easy Road, Babson Park, FL 3382 | 27 | (b) |
| \-/ | Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX) |
| | -New: 1017 Lanet Avenue | • | New: 1017 Lanet Avenue |
| | LaBelle, FL 33935 | | LaBelle, FL 33935 |
| | 07/17/2013 | | L13000101009 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| i. (a) | Suzanne B. Fletcher | | |
| 7. (a) | Registered Agent and Registered Office shown on the re- | cords of the Florid | ida Dept. of State: |
| | Registered Office Address MUST BE FLORIDA ST | TREET ADDRES | <u>ssi</u> 20 |
| | 2301 Lake Easy Road | | 20 D |
| | Babson Park | , FL_33827 | A. |
| (b) | Robert S. Swaine | | 7 AH |
| (0) | Enter name of NEW Registered Agent and/or NEW Re | gistered Office at | address: |
| | Robert S. Swaine | | 9:02 |
| | NEW Registered Office Address: | | |
| | 425 S. Commerce Avenue | | |
| | Sebring | FL_33870 | |
| nange gent w as/y/e | or changes are made, the Florida street address ill be identical. Or, in the case of a Florida lim | of the registere ited liability combers of the lim of the limited l | le State of Florida, it is hereby confirmed that after the red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company. Obert S. Swaine, agent |
| Signal | are of a member or authorized representative of a member | | Printed or typed name of signee |
| hereb | v accept the appointment as revisioned agent of | nd naree to act | ct in this capacity. I further agree to comply with the naice of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been |
| ignatun | of Registered Agent | - | |
| | | | |