L13000158320

(R	equestor's Name)					
	ddress)					
(Address)						
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL					
(B	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



700285535127

05/09/16--01014--027 **85.00

THE MAY -9 P 4: 10

MAY 1 0 2016

S WARREN

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. N	lame of the limited liability company: CAROLINA	ACRES	, LLC		·· ·	
2. (a)	2011 Dook Spring Door		(b) 2011 Rock Spring Road			
2. (a)	Principal office address of limited liability company: (Note: MUST BI: STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Forest Hill, MD 21050		Forest H	ill, MD 21050		
	11/12/13	<u> </u>	L1300015	58320		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	Registered Agent and Registered Office shown on the records Hershman Law, P.A. Registered Office Address (MUST RE FLORIDA STREE	TADDRE	·		7.0 2.0	
	2240 Palm Beach Lakes Blvd., Suite 101			10 mm	Inches Control	
. ;	West Palm Beach	3340	9		THE PERSON	
(b)	Enter name of NEW Registered Agent and/or NEW Register C T Corporation System NEW Registered Office Address:	ed Office s	ddress:	F STATE FLORIDA	و ال D	
	1200 South Pine Island Road			,		
If the	Plantation, I	FL_3332			rad that after	
the chagent was/v	nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street	of the reg liability s of the li he limited	gistered office company, it is mited liability	and the business office shereby confirmed that to y company or as otherwing apany.	of the registere the change(s) se provided in	
_	nture of a member or authorized representative of a member			Printed or typed name of sig		
ine oi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and completions of my position as registered agent as provingly reflect a change in the registered office address and in writing of this change. Angel	ded for it I-kereby Nune:	confirm that i	acity. I further agree to duties, and I am familiar , F.S. Or, if this docume the limited liability comp	comply with the with and acception is being file comment in the comment of the comment of the complex terms and the complex terms are complex to the complex terms are complex to the complex terms are complex te	
Signal	urcet Agent Assistant	Secre	irai A			
	Direction of Compositiones P.O.	Day 62	77a Tallabas	500 EI 32314		

FILING FEE: \$25.00

INHS18 (2/14)