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Office Use Only



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T. BROWN



ACCOUNT NO. : I2000000195

REFERENCE : .

AUTHORIZATION

COST LIMIT : \$ 25.00

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ORDER DATE: February 13, 2014

ORDER TIME : 9:05 AM

ORDER NO. : 014064-005

CUSTOMER NO: 7193701

CHANGE OF AGENT

NAME: SMITH RIVER RANCH LLC

PLEASE RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: Smith River Rance	hLLC	
2. (a) Principal office address of limited liability comp		<u> </u>
(Note: MUST BE STREET ADDRESS)	Ste. 500	- T - T
	Naples, FL 34109	
(b) Mailing address of limited liability company:	9045 Strada Stell Court	瑟星三面
(Note: MAY BE POST OFFICE BOX)	Ste. 500	The second
•	Naples, FL 34109	
		50 G
12/23/2013	L13000178076	97 0
3. Date of filing/registration in Florida	4. Document number	Dr.
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	a Dept. of State:
Registered Agent:	HL Statutory Ageni, Inc.	
Registered Agent.	The Glatetory Agent, title.	·
Registered Office Address:	800 Lauret Oak Drive	
Tregistroid Office Pladfold.	Ste. 600	
	Naples, Fl. 34108	 .
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office ad Corporation Service Company	<u>ldress</u> :
Negistelett Agent,	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hayes Street	
medi be i equipa si reli address)	Tallahassee	FI_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the lentical. Or, in the case of a e(s) was/were authorized by	he registered office Florida limited an affirmative vote of
William E. Thomas, President Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	a agree to act in this capac proper and complete perfo position as registered ager merely reflect a change in t any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
Signature of Registered Agent Hary Blain		

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