L150000/6565

| (Requestor's Name) | | | | | | | | |
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| (Address) | | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | | |
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| (Business Entity Name) | | | | | | | | |
| | | | | | | | | |
| (Document Number) | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only

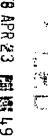


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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | |
|-----------------------------------|--|---|---|--|--|--|--|--|--|
| SUBJE | Morris & Hunt Realty, LLC | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| Dear Si | ir or Madam; | | | | | | | | |
| The end | closed Registered Agent/Registered Office | Change and | fee(s) are submitted for filing. | | | | | | |
| Please i | return all correspondence concerning this n | natter to the | following: | | | | | | |
| Steve | en A Zajas | | · | | | | | | |
| | Name of Person | | | | | | | | |
| Morris | & Hunt Realty, LLC | | | | | | | | |
| | Firm/Company | *************************************** | | | | | | | |
| 9990 | Coconut Road | | | | | | | | |
| | Address | | | | | | | | |
| Bonita | a Springs, FL 34135 | | | | | | | | |
| - | City/State and Zip Code | | | | | | | | |
| steve | @morrisandhunt.com | | | | | | | | |
| E- | -mail address: (to be used for future annual | report notif | ication) | | | | | | |
| For furt | ther information concerning this matter, ple | ase call: | | | | | | | |
| Steve | Zajas | 239 | , 405-1235 | | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | | |
| | STREET/COURIER ADDRESS: | M. | AILING ADDRESS: | | | | | | |
| | Registration Section | gistration Section | | | | | | | |
| | | | vision of Corporations | | | | | | |
| Clifton Building | | | P.O. Box 6327 Tellahantus Stanish 22214 | | | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | 1 21 | llahassee, Florida 32314 | | | | | | |
| | Enclosed is a check for the following am | iount: | | | | | | | |
| | ☑ \$25 Filing Fee | □ ss | 55 Filing Fee & Certified Copy | | | | | | |
| INHS18 | (2/14) | | | | | | | | |

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 ogent, or both, in the State of Florida.

| I. No | ame of the limited liability company: Morris & Hunt | | | occurt Pood | | | |
|--|--|---|---|---|---------------------------|---|------------------|
| 2. (a) | 9990 Coconut Road | _ (t | ' ¹ | oconut Road | | | |
| | Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) | | | Mailing address of limited I (Note: MAY BE POST) | • | | |
| | Bonita Springs, FL 34135 | (Note: MAY BE POST OFFICE BOX) Bonita Springs, FL 34135 | | | | | |
| | | - | | 5pm.gs, 1 2 34 103 | | | |
| | 1/28/2015 | | L150000 | 16565 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | SALVATORI, WOOD & BUCKEL, P.L. | | | | | | |
| . (a) | Registered Agent and Registered Office shown on the records of th | e Florid: | Dept. of Stat | ec: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | 2 | - | | | |
| | 9132 STRADA PLACE, FOURTH FLOOR | | | _ | | | |
| | NAPLES FI | 34108 | | | 51. | <u></u> | |
| | | _ | | - | | G 5 ∑> | |
| (b) | WOOD, BUCKEL & CARMICHAEL 126 | <u></u> | | _ | | APR | 4 •* |
| | Enter name of NEW Registered Agent and/or NEW Registered (| office ad | dress: | | SS | Ma ငယ် | upe unet f |
| | | | | | ्राम् स्मान्य | | . 'aj' * |
| | NEW Registered Office Address: | | | - | 一声が | | ; "" |
| | 2150 GOODLETTE ROAD NORTH, SIXTH F | יו מרו | 2 | | 200 | 延 | · med |
| | 2130 GOODEETTE TOAD TOTTING OATTI | | | - | | 9 | |
| | NAPLES , FL | 34102 | | _ | ,,,,,, | | |
| the cha agent w was/we | imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | he regional fility controls the lim | stered offic impany, it i ited liabilit | e and the business offices is hereby confirmed that by company or as other | ce of the i u the chai | register nge(s) | |
| مييه س. | Jan Comment | Ste | ven A Za | | | | |
| l herel provisi the obl to mere | ture of a member or authorized representative of member on accept the appointment arregistered agent and agree one of all statutes relative to the proper and complete planting of my position as registered agent as provided by reflect a change in the registered office address, I have find of this change. | e to ac erform for in (ereby c | in this cap unce of my Thupter 60; onfirm that | Printed or typed name of pacity. I further agree duties, and I am Jamili 5. F.S. Or, if this ducu the limited liability cou | _ | with t nd acc ging fil as been | he ept rd |
| | re of Regulated Agent | | | | | | |