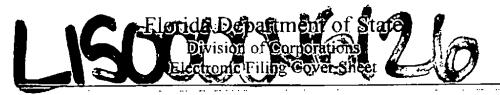
Page 1 of 2

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Division of Corporations

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From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 : (904)356-2600 Phone : (904)355-0233 Fax Number

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## LLC REGISTERED AGENT CHANGE POCONOS WHISPERING PINES, LLC

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D. SCOTT

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JUL-13-2017 10:17AM From:FISHERTOUSEY

To: 18506176383

## 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.

. Na	me of the limited liability company: Poconos Wh		11103, EEQ
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1897 Cassel Road	.1	897 Cassel Road
		<del>-</del>	
	Lansdale, PA 19446	<u> </u>	ansdale, PA 19446
	3/16/15	L1	5000046126
	Date of filing/registration in Florida	4.	Document number
. (a)		•	
(4)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	Brant, Reiter, McCormick & Johnson, P.A.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	135 West Bay Street, Suite 400		
	Jacksonville	32202	<u> </u>
	, FI	L	
(h)			
(b) .	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	\$ 50 TO
	Fisher, Tousey, Leas & Ball, P.A.		17年
	NEW Registered Office Address:		
	501 Riverside Avenue, Suite 600	) ***.	÷ 29
	Jacksonville , FI	<u>3</u> 2202	
e char gent w as/we e art	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the registers iability comp of the limited Ilmited liabi	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Sign 📑	L'of a member or authorized represent live of a member	•—	Printed or typed name of signee
7			at the contract of the contrac
her vision of the color of the	accept the appointment as Lestered agent and agins of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in whiting of this dhange.  The of Registered Agent	ree to act in t performance d for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept peer 605, F.S. Or, if this document is being filed rm that the limited liability company has been