L15000 125 460

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

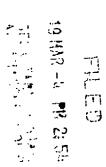
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COVER LETTER

Division of Corporations		
SUBJECT: Canepari Properties LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person		
Carepar: Properties LLC Firm/Company		
11 Dune Ridge RD Address		
Santa Rosa Beach FL 32459 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Joseph Care pari at (901), 573-7755 Name of Person at (901) Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 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 agent, or both, in the State of Florida.

1. Name of the limited liability company:	LL
2. (a) 11 Dune Ridge R) (b) 11	Dune Ridge Rd
Principal office address of Imited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Santa Risa Boach FL 32459 Sant	Zos. Beach FL 32459
Date of filing/registration in Florida 5. (a) Losy of F. Canepari III	000/25 460 Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ate:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
Registered Office Address Santa Rosa Beach FL 32459 (b) Sost of F. Cane par. Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:	19 HAR -4 PH 2: 51
Santa Rosa Beach BL 32459	_
If the limited liability company is not organized under the laws of the State of F the change or changes are made, the Florida street address of the registered officagent will be identical. Or, in the case of a Florida limited liability company, it was/were authorized by an affirmative vote of the members of the limited liability company are companied in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capprovisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter of to merely reflect a change in the registered office address, I hereby confirm that notified in vertices of the schange.	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee pacity. I further agree to comply with the

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

gnature of Registered Agent