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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| Buffalo Creek Estates, LLC SUBJECT: | |
| | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Oscar J. Locklin | |
| Name of Person | |
| Locklin, Saba, Locklin & Jones, P.A. | |
| Firm/Company | |
| 4557 Chumuckla Hwy | = |
| Address | |
| Pace, Florida 32571 | |
| City/State and Zip Code | |
| olocklin@ljslawfirm.com | ŗ |
| E-mail address: (to be used for future annual repo | rt notification) |
| For further information concerning this matter, please c | all: |
| Oscar J. Locklin 88 | 50 995-1102 |
| Name of Person | 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 | □ \$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 agent, or both, in the State of Florida.

| Name of the limited liability company: Buffalo Cree | k Estates, LLC | |
|--|--|--|
| (a) New principal address | (b) New mailing addre | SS |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| 3898 Hwy 4 | P.O. Box 189 | |
| Jay, Florida 32565 | Jay, Florida 32565 | |
| 08/11/2015 | L15000137044 | |
| Date of filing/registration in Florida | 4. Document n | umber |
| (a) | | |
| Registered Agent and Registered Office shown on the records of | f the Florida Dept. of State: | . 5 6 |
| Michael D. Scott | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | FEB AREA |
| 5540 Tractor Trail | | ARY ARY |
| Jay | L 32571 | PA |
| | L | STATE LORIDA |
| (b) | | 29 DE |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office address: | |
| Michael D. Scott | | |
| NEW Registered Office Address: | | |
| 3898 Hwy 4 | | |
| Jay _F | _L 32565 | |
| ne limited liability company is not organized under the la | <u> </u> | reby confirmed that after |
| change or changes are made, the Florida street address cent will be identical. Or, in the case of a Florida limited by s/were authorized by an affirmative vote of the members | of the registered office and the bus liability company, it is hereby con | iness office of the registered firmed that the change(s) |
| articles of organization or the operating agreement of th | e limited liability company. | • |
| singstant | Michael D. Scott, AMBF | |
| ignature of a member or authorized representative of a member | | ed name of signee |
| nereby accept the appointment as registered agent and ago svisions of all statutes relative to the proper and complet obligations of my position as registered agent as provid merely reflect a change in the registered office address, lifted in writing of this change | gree to act in this capacity. I furth e performance of my duties, and I ed for in Chapter 605, F.S. Or, if I hereby confirm that the limited li | ner agree to comply with the am familiar with and accept this document is being file iability company has been |
| | | |