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TALLAHASSEE, FLORID

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COVER LETTER

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INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJI	Nordling Family Properties, LI	LC		
	Name	of Limited Lia	ibility Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	e Change and fo	ee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the fo	ollowing:	
Marir	na C. Taylor			
	Name of Person			
Nordl	ing Family Properties, LLC			
	Firm/Company		– ਰ	>
РО В	ox 2050		7 7 8	
	Address			J
Lecar	nto, FL 34460			N N
	City/State and Zip Code			
mtayl	or@wranglerholdings.com			
E	-mail address: (to be used for future annua	il report notific	ation)	
For fur	ther information concerning this matter, pl	ease call:		
Marin	a C. Taylor	352	746-4000	
	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	Regi Divis P.O.	istration Section sion of Corporations Box 6327 ahassee, Florida 32314	
	Enclosed is a check for the following ar	nount:		
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

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.	Na	me of the limited liability company: Nordling Fami	ly Prop	erties, LL	С
2. (a	a)	3991 W. Gulf to Lakes Highway	(h)	РО Вох	2050
(~ ∕ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Lecanto, FL 34461	_	Lecanto,	FL 34460
			_		
		12/7/2005	L	.1600000	9960
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	Marina C. Taylor			
(Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	: TAN
		3991 W. Gulf to Lakes Highway			A AR
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			MAY-2
<i>(</i> 1	- \	Lecanto, FL_	34461	· · · · · · · · · · · · · · · · · · ·	PH 4: 53
(t	η.	Enter name of NEW Registered Agent and/or NEW Registered (Office add	·ess:	
		1700 S. MacDill Avenue		_	
		NEW Registered Office Address:			
		Suite 200			
		Tampa , FL	33629-5	218	
the c agen was/ the a	han t we we ntic	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law are of a member or authorized representative of a member	he regist bility con the limit imited lia	ered office npany, it is ed liability bility company C. Tay	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
I he	reh	y accept the appointment as registered agent and agre	e to act i	n this cana	city I further garee to comply with the
prov. the o to me	isic bli ere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I h in w p iting of this change.	performan for in Cl ereby con	ice of my diapter 605, ifirm that t	wites, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered Agent