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Division of Corporations

8/21/2015

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Email Address:

Account Name	: DELOACH, PL
Account Number	120830000125
Phone	: (407)480-5005
Fax Number	: (407)480-5025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ē LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Ô NUG ഫ LINCOLNSHIRE NANTAHALA, LLC \mathcal{C} 42 4 Certificate of Status 0 m È \Box Certified Copy 0 0801 = 03 Page Count 2018 AUG 24 20 ¢_ Estimated Charge \$25.00 Ē \sim

Electronic Filing Menu

Corporate Filing Menu

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	DeLoach, PL	······		
New Registered Office Address:	1206 East Ridgewood Street			
	Enter Florida street address			
	Orlando	, Florida ³²⁸⁰³		
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H18000244931 3

MGR = Manager AMBR = Authorized Member

Title	Name	Address	<u>Type of Action</u>
MGR	Chad G. Durrance	5106 W. SAN JOSE ST.	🗆 Add
		TAMPA, FL 33629	
		~ <u></u>	Change
MGR	Chad G. Durrance	PO Box 320134	🖬 Add
		Tampa, Florida 33679	Remove
			Change
MGR	Leslie H. Durrance	PO Box 320134	🗐 Add
		Tampa, Florida 33679	🗆 Remove
			Change
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D. If amonding any other information, enter change(s) here: (Attach additional sheets, if nocessary.)



Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2018 Dated Signature of a member or authorized representative of a member Chad G. Durninee

Typed or printed name of signee



Filing Fee: 525.00