

216000093048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

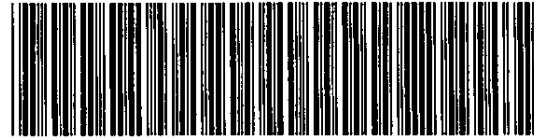
(Business Entity Name)

(Document Number)

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18 MAY - 1 10 49  
ALLAHUSSEIN FLORIDA

J. LEGGETT  
MAY 03 2018

**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: OCALA CAMPSITES, LLC

2. (a) 13639 WOODSIDE DRIVE (b) P.O. BOX 136 14170 US HWY-19

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

HUDSON, FL 34667

HUDSON, FL 34667

04/27/2016

L16000083048

3. Date of filing/registration in Florida

4. Document number

5. (a) JENNIFER A. GARNER, PA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

24812 State Road 54, Suite 27

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Lutz FL 33559

18 MAY 11 2016 19  
TALLHASSEE, FL 32314

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

2224 Ashley Oaks Circle, Suite 101

NEW Registered Office Address

Wesley Chapel FL 33544

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joseph Torre

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

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