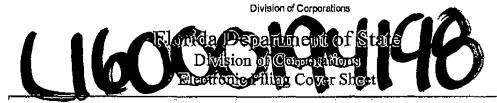
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(((H16000275613 3)))



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Account Name : THE FARR LAW FIRM

Account Number: 103654001666 Phone : (941)639-1158

Fax Number : (941)639-0028

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HAPPY LANDING SOUTH 010 LLC

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LLC REGISTERED AGENT CHANGE

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D. SCOTT

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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: HAPPY LANI	DING S	SOUTH 01	0, LLC
2.	(a)		(ъ)	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	1	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
		3501 DEL PRADO BLVD S, STE 302		3501 DE	P PRADO B LVD S, STE 302
		CAPE CORAL, FL 339094	<u> </u>	CAPE C	ORAL, FL 33904
•		10/20/2016		L1600019	94198
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				_
		Registered Agent and Registered Office shown on the records of THOMAS HAPPE	the Florid	la Dept. of State	2:
Registered Office Address (MUST BE PLORIDA STREET ADDRESS)					-
		3501 DEL PRADO BLVD S, STE 302			
		CAPE CORAL FI	33904		•
		1 * *	′————		•
	(b)				-
Enter name of NEW Registered Agent and/or NEW Registered Office address:					-100 👼
		DAVID A. HOLMES			ALLAH T
		NEW Registered Office Address:			
		99 NESBIT STREET			第2 0 m
				<u> </u>	
		PUNTA GORDA , FL	33950) 	LOSTA 9
age wa	cha ent w s/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited living authorized by an affirmative vote of the members of the organization or the operating agreement of the	the reg bility c of the lin	istered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
			DA	VID A. HO	DLMES
		ure of a member or authorized representative of a member	,	_	Printed or typed name of signes
I h pro the to i not	erel visi obli nere ifted	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a chappe in the registered office address, I in writing of this change.	ee to ac perforn I for in hereby c	et in this cape nance of my e Chapter 605 confirm that e	acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Sig	matur	e of Registered Agent			

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