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COVER LETTER

TO:

INHS18 (2/14)

	egistration Section ivision of Corporations					
SUBJEC"	TARPON WOODS PROPERTIES, LLC Name of Limited Liability Company					
осыве						
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Of	fice Change and f	Tee(s) are submitted for filing.			
Please ret	urn all correspondence concerning th	nis matter to the fo	ollowing:			
BRYAN J	. STANLEY					
	Name of Person	<u> </u>	_			
	Firm/Company		_			
209 TUR	NER STEET					
	Address		_			
CLEARW	ATER, FL 33756					
	City/State and Zip Code					
BRYAN@	BRYANJSTANLEY.COM					
E-m	ail address: (to be used for future an	nual report notifi	cation)			
For furthe	er information concerning this matte	r, please call:				
BRYAN J	STANLEY	727 at (461-1702			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	Aailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	Inclosed is a check for the followin	g amount:				
	\$25 Filing Fee	□ S5	5 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. N	ame of the limited liability company: TARPON WOOL	OS PROP	ERTIES, L	I.C
2. (a)		(1	b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	F./ // 3013	_	 L_2200006	.0812
1	Date of filing/registration in Florida	- 4.		Document number
3.	Date of ining/registration in Fiorida	4.		Document namoer
5. (a	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of St	late:
	MICHAEL RAY VANDIVER			
	Registered Office Address (MUST BE FLORIDA STREET) 1100 TARPON WOODS BLVD.	ADDRES	S)	
	PALM HARBOR, FI	34685		_ _
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> BRYAN J. STANLEY	i Office as	ddress:	
	NEW Registered Office Address:			
	209 TURNER STREET			
	CLEARWATER, FI	33756		. <u> </u>
chang agent was/v the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability c of the lir	red office a ompany, it nited liabil liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provi the ol to me notifi	eby accept the appointment as registered agent and agg sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac perforn d for in hereby c	et in this ca nance of m Chapter 6 confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

gnature of Registered Agent