5000000643 WILSON & WILLIAMS, P.A. Attorneys at Law Reuben S. Williams, IV 954 E. Silver Springs Blvd. Ocala, FL 34470 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): GP01001 (Document #) **500004488145**----07/20/01--01052--002 *****50.00 *****25.00 (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ■ Walk in Pick up time ☐ Mail out ☐ Will wait ☐ Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is: _	MIW)	EEK, L.C.	
2. The mailing address of	the limited liability com	ipany i	s: <u>1100 Main Street</u>	., Suite 205,
Lady Lake, Florid				
				*
August 22, 1995			<u>L95000000643</u>	
Date of filing/registrati	on in Florida		4. Document num	ber
5. The name of the registe Florida Department of S	red agent and the registe State:	ered of	fice address as shown or	n the records of the
	John E. Parker			
		Name		
	1 Hickory Head H	Hammoo	ck	₹,0 0
	A Lady Lake, Flori	ddress	32159	FEET
	City, S		and the second s	
C 775	•		•	20 A
6. The name and address of	of the new registered age	nt and	or office:	h. I
	Kenneth H. MacKay	У		F. C. S
	Na 216 NE First Aver	ame nue		TILEU NJUL 20 AM 8: 42 RECALHASSEE FLORIDA
•	Florida street address ((P.O. E	Box NOT acceptable)	
	Ocala		34471	
		FL		
	City, Sta	ne and	Z1p	
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited the limi	tange or changes are mad the registered agent will eby confirmed that the of I liability company or as of the limited liability con	de, the be ide hange(otherwann,	Florida street address of ntical. Or, in the case of s) was/were authorized wise provided in the arti-	f the registered office f a Florida limited by an affirmative vote of
(Signature of a member or authori	zed representative of a member)			
Kenneth H. MacKay			_	
(Printed or typed name of signee)			 -	· • • • • • • • • • • • • • • • • • • •
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Simplus of Registered Agenty).	/ () (4	ent and to the p of my p ed to n compa	agree to act in this cap proper and complete per position as registered ag nerely reflect a change i ny has been notified in t	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)K	nueth n. Mackay	**	(005 TO 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00