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M. HODGES

COVER LETTER

Division of	Corporations				
SUBJECT:	JBJECT: Morning Star Ranch at Marlboro Farms, LLC (Name of Limited Liability Company)				
Dear Sir or Madam	1:				
The enclosed Regis	stered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all co	rrespondence concerning this	matter to the following:			
John Fulkerso	on (Name of Person)				
ACE Construct	(Firm/Company)				
4420 NW 36th	Avenue				
	(Address)				
Gainesville,	FL 32606 (City/State and Zip Code)				
For further informa	ation concerning this matter, p	lease call:			
John Fulkerso (Nar	me of Person)	(Area Code & Daytime Telephone Number)			
Registration Division of C Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is	s a check for the following an	nount:			
X \$25 Filin	ng Fee	\$55 Filing Fee & Certified Copy			

TO:

Registration Section

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.

agent, or both, in the sic	ne of Fioriau.		
1. The name of the limit	ted liability company is:	Morning Star Ranch at Marl	boro Farms, LLC
2. The mailing address	of the limited liability con	npany is : <u>4420 NW 36th Avenu</u>	ie, Gainesville,
			FL 32606
05/14/1	999	L9900000	12833
3. Date of filing/registra		4. Document number	
5. The name of the regis Florida Department of		ered office address as shown on th	e records of the
•	Gary Miner		
		Name	- S
	<u>3324 W. Universi</u> A	ty Avenue, Suite 363 ddress	05 J.H. 112
	Gainesville, FL		
	City, S	tate and Zip	
6. The name and address	s of the new registered age	ent and/or office:	377 9: 1,0
	John Fulkerson		(5 - 5
	Na	ame	Þ
	4420 NW 36th Ave	nue	
	Florida street address ((P.O. Box NOT acceptable)	
	Gainesville	FL 32606	
		ite and Zip	
confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreeme (Signature of a member or author) (Signature of a member or author) (Printed or typed name of signed)	change or changes are made of the registered agent will ereby confirmed that the comited liability company of the limited liability of the liability o		e registered office Florida limited an affirmative vote cles of organization
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, Jr. S. Or, if address, I herby confire (Signature of Registered Agent)	pintment as registered age ns of all statules relative t nd accept the obligations t this document is being fil n that the limited liability	ent and agree to act in this capacit to the proper and complete perfor of my position as registered agent ed to merely reflect a change in th company has been notified in writ	y. I further agree to nance of my duties, as provided for in the registered office ting of this change.
Divisi	on of Corporations, P.O.	. Box 6327, Tallahassee, FL 323	14

FILING FEE: \$25.00