## 199000004613

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               |             |
| (City/State/Zip/Phone #)                | <del></del> |
| PICK-UP WAIT MAI                        | L           |
| (Business Entity Name)                  | <del></del> |
| (Document Number)                       |             |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations                                       |  |
|--|--|
| SUBJECT: WILLOWBROOK, L.L.C.  (Name of corporation)                                  |  |
| DOCUMENT NUMBER: L99000004613  |  |
|  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted fo | r filing.                              |
| Please return all correspondence concerning this matter to the following:            | OH MAR 17 AM 9: 01 STALLAHASSEE TLORIU |
| JOHN E. NORRIS, ATTORNEY AT LAW  | man ≥                                  |
| (Name of person)   |  |
|  | 19:01                                  |
| NORRIS & JOHNSON, P.A.   |  |
| (Name of firm/company)   |  |
|  |  |
| P. O. DRAWER 2349  |  |
| (Address)  |  |
|  |  |
| LAKE CITY, FL 32056  |  |
| (City/state and zip code)  |  |
| For further information concerning this matter, please call:                         |  |
|  |  |
| JOHN E. NORRIS at ( 386 ) 752  | 2-7240                                 |
| (Name of person) (Area code & da   | 2-7240 aytime telephone number)        |
| Enclosed is a \$35.00 check made payable to the Department of State.                 |  |
| Mailing Address: Street Addres   | ss:                                    |
| Amendment Section Amendment S  | ection                                 |
| P.O. Box 6327 409 E. Gaines  | Street                                 |
| Tallahassee, FL 32314 Tallahassee, F   | L 32399                                |

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| _   | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ted for a corporation organized under the laws of the State of FLORIDA  | is state      | ment<br>_in o           |                     |
|---|--|---------------|-------------------------|---------------------|
| to change its reg   | istered office or registered agent, or both, in the State of Florida.  |               |                         |                     |
| 1. The name of the  | ne corporation: WILLOWBROOK, L.L.C.  |               |                         |                     |
|   | office address: 1580 S. MARION AVENUE, LAKE CITY, FL 32025   |               |                         |                     |
| 3. The mailing ac   | Idress (if different): P. O. BOX 2846, LAKE CITY, FL 32056   |               |                         |                     |
| 4. Date of incorp   | oration/qualification: 07/19/1999 Document number: L99000004613  |               |                         |                     |
| 5. The name and<br>Florida Depart   | street address of the current registered agent and registered office on file with the iment of State:  |               |                         |                     |
|   | JOHN E. NORRIS   | Ď.            | <b>-</b>                |                     |
|   | 201 NORTH MARION STREET, SUITE 301, CNB NATIONAL BANK BUILDING   |               | 04 MAR   7              |                     |
|   | LAKE CITY, FL 32055  | 25            | 7                       | To redic            |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office  | <i></i> i,    | AM 9: 1                 |                     |
|   | JOHN E. NORRIS   |               | <u> </u>                |                     |
|   | 253 NW MAIN BLVD.  | _             |                         |                     |
|   | (P.O. Box or personal mailbox NOT acceptable)  |               |                         |                     |
|   | LAKE CITY, FL 32055  | -             |                         |                     |
| The street addre  | ess of its registered office and the street address of the business office of its register identical.  | red ager      | nt, as                  |                     |
| Such change wa  | as authorized by resolution duly adopted by its board of directors or by an officer secorporation has been notified in writing of the change.  | o autho       | rized                   | by                  |
| Much  | , -, -, -, -, -, -, -, -, -, -, -, -, -,   |               | MBEI                    | R                   |
| I hereby accept<br>I further agree to<br>duties, and I am<br>being filed mere | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, if the to reflect a change in the registered office address, I hereby confirm that the converting of this change. | rformai       | ice oj<br>cume<br>on ha | f my<br>nt is<br>is |
| Sen?  | (Signature of Registered Agent) MARCH 16, 2004   |               |                         |                     |
|   |  |               |                         |                     |
| If signing on be  | half of an entity:   |               |                         |                     |
|   | (Typed or Printed Name) (Capacity)   | <del></del> - |                         |                     |

\* \* \* FILING FEE: \$35.00 \* \* \*