L9900000 5147

| (Requestor's Name) | |
|---|-----|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT M | AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Division of Corporations | | | | | | | |
|--|---|--|--|--|--|--|--|
| Egret Estates, LLC SUBJECT: | | | | | | | |
| | Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matt | cr to the following: | | | | | | |
| Grant T. Downing | | | | | | | |
| Name of Person | | | | | | | |
| Godbold, Downing, Bill & Rentz, P.A. | | | | | | | |
| Firm/Company | | | | | | | |
| 222 W. Comstock Ave., Suite 101 | | | | | | | |
| Address | | | | | | | |
| Winter Park, FL 32789 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| khoran@gdb-law.com | | | | | | | |
| E-mail address: (to be used for future annual rep | port notification) | | | | | | |
| For further information concerning this matter, please | e call: | | | | | | |
| Grant T. Downing | 407 647-4418 | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amou | nt: | | | | | | |
| S25 Filing Fee | ☐ \$55 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.

| L. Na | ume of the limited liability company: Egret Estate | s LLC | | | | | | |
|--------------------------------|---|---|----------------------------------|---|---|--|---|---|
| 2. (a) | 222 W. Comstock Ave., Suite 101 | | (b) 2 | 22 W. C | Comstock Av | /e., Suit | e 1 01 | |
| • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | · · · | М | lailing address of (Note: MAY BE | | - | • |
| | Winter Park, FL 32789 | | <u> </u> | /inter Pa | ark, FL 3278 | | | |
| | 08/18/1999 | | L9 | 900000 | 5147 | • | | |
| 3. | Date of filing/registration in Florida | 4. | | Ī | Document nun | ıber | | |
| 5. (a) | Gene H. Godbold | | | | | | | |
| | Registered Agent and Registered Office shown on the records o 222 W. Comstock Ave., Suite 101 | f the Flori | da De | pt. of State: | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>55)</u> | | | | | |
| | Winter Park, F | 32789 | | | | | | |
| (b) | Grant T. Downing | | | | | . , 1 5 a f ⁻¹ 21a | 2020 JAN | إستريمه |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office a | <u>ddres</u> | <u>s</u> : | | Ţ | A. | |
| | 222 W. Comstock Ave., Ste. 101 | | | | | • | 29 A | ្រីធ្វើ |
| | NEW Registered Office Address: | | | | | الله الله الله الله الله الله الله الله | AH 10: 22 | |
| | Winter Park, FI | _L 32789 | - | | | | | |
| the cha agent v was/we | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the | of the regulability of the lin | ister comp mited | ed office a any, it is ! I liability | and the busine hereby confirm company or as | ss office | of the | registered nge(s) |
| | 70 | | | | ART L | | | - |
| - | ture of a member or authorized representative of a member | | | | Printed or typed r | • | | |
| provisi the obli to merg | by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I by writing of this change | ree to ac e perforned for in hereby c | ct in . nanc Chaj confi | this capac e of my di pter 605, rm that th | city. I further uties, and I am F.S. Or, if thi he limited liabi | agree to I familiar s docume ility comp | comply with a ent is b pany he | with the and accept eing filed as been |

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

Signature of Registered Agent