

Division of Corporations Electronic Filing Cover Sheet

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(((H110002399553)))



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## LLC REGISTERED AGENT CHANGE ARCHER SADDLEBROOK CONDOMINIUM, LLC

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A. LUNT
OCT -4 2011
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## 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. Name of the limited liability company:Archer	Saddlebrook Condominium, LLC		
2. (a) Principal office address of limited liability compar	: 2503 Interlachen Lane		
(Note: MUST BE STREET ADDRESS)	Westlake, OH 44145		
(b) Mailing address of limited liability company:	2503 Interlachen Lag		
(Note: MAY BE POST OFFICE BOX)	Westlake, OH 44145		
October 18, 2000	M000000021H		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	Corporation Service Company		
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Alexa Guevara, Esquire		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	McDonald Hopkins, LLC 505 S, Flagler Drive, #300 West Palm Beach ,FL33401		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member be juthorized representative of a member	forida street address of the registered office		
Michael W. Archer Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608. F.S. Or. If this document is being filed to me address, I hereby confirm that the similed liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.		
Signature of Registered Agent			

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

\_ FILING FEE: \$25.00

INHS18 (05/08)

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