## M04000001719

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## **COVER LETTER**

TO: Registration Section Division of Corporations	•					
Ranch Holdings, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Michael P. Haymans						
Name of Person						
Michael P. Haymans Attorney at Law, P. A.						
Firm/Company						
215 West Olympia Avenue						
Address						
Punta Gorda, FL 33950						
City/State and Zip Code	<del></del>					
lori@mphaymans.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please c	all:					
Michael P. Haymans 94	41 575-0007					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount	:					
■ \$25 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	ame of the limited liability company:	LLC		
2. (a)	325 53rd Circle, Vero Beach, FL 32968	()	325 53rd C	Circle, Vero Beach, FL 32968
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1.20.04	_		
_	4-30-04	_	M040000011	···
3. 5. (a)	Date of filing/registration in Florida  Michael P. Haymans	4.		Document number
2. ( <b>u</b> )	Registered Agent and Registered Office shown on the records of 99 Nesbit Street, Punta Gorda, FL 33950	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	
	, FI	<del></del>		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Michael P. Haymans	Office ad	dress:	
	NEW Registered Office Address:		<del></del>	
	215 West Olympia Avenue			•
	Punta Gorda , FL	33950		• •
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the yill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	d office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provision in the oblination of	ny accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change of the change of t	ee to act performa d for in C iereby co	in this capa ince of my di hapter 605, nfirm that th	city. I further agree to comply with the naties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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