

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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G. MCLEOD

OCT 26 2011

EXAMINER



100213353431

10/25/11--01029--009 **25.00

11 OCT 25 MIL: 48
SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Charlee LLC				
	Name of Li	imited	Liability Com	pany	
Dear Sir or Madam:					
The enclosed Regist	ered Agent/Registered Of	ffice C	hange and fee((s) are submitted for filing.	
Please return all corr	respondence concerning t	his ma	tter to the follo	owing:	
	S. Stanley Gilhool Name of Person				
2X4 Ranc	n Real Estate Holdings Firm/Company	LLC			
5	00 Hogsback Road Address				
	son, Michigan 48854 City/State and Zip Code				
stanley gilho E-mail address: (to b	ool-corporatecounsel@ e used for future annual report no	dart.b	i <u>z</u>		
For further informat	ion concerning this matte	er, plea	se call:		
	nley Gilhool of Person	_ at (517)Area Code	244-2655 & Daytime Telephone Number	_
Registration S Division of C Clifton Build	orporations ng ve Center Circle		P.O. Box 63	Section Corporations	
Enclosed is	a check for the followin	g amo	unt:		
\$25 Filing	g Fee		\$55 Filing	Fee & Certified Copy	

STANDAMENT 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.

Name of the limited liability company:	Charlee LLC		
2. (a) Principal office address of limited liability company	y: 500 Hogsback Road		
(Note: MUST BE STREET ADDRESS)	Mason, Michigan 48854		
(b) Mailing address of limited liability company:	500 Hogsback Road		
(Note: MAY BE POST OFFICE BOX)	Mason, Michigan 48854		
April 28, 2005	M0500001677		
3. Date of filing/registration in Florida	on in Florida 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Koach, Kraig H Esq.		
Registered Office Address:	727 S. Orange Avenue Sarasota, Florida 32436		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	2X4 Ranch Real Estate Holengs LLC		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1952 Field Road S S S S S S S S S S S S S S S S S S S		
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of their egistered office		
James D. Lammers Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand 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 limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change. 1 Estate Holdings LLC		
Signature of Registered Agent James D. Lammers, Auth			

FILING FEE: \$25.00