Division of Corporations Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070001275583)))



H070001275563ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone : (302)531-0855

Fax Number

: (866)223-0765

REGISTERED AGENT CHANGE

CENTRAL FLORIDA DEVELOPMENT LLC

0
0
01
)\$4)\$6
i

\$P25.00

Electronic Filing Menu

Corporate Filing Menu

Help

3 . · ·

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. The name of the limited liability company is: Central Florida Development LLC 2. The mailing address of the limited liability company is: P. O. Box 230, Henriette, NY 14467 M050000002337 5-3-05 3. Date of filing/registration in Florida 4. Document number The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Christopher M. Fear, Esq. Name One Lake Morton Drive Florida street address (P.O. Box NOT acceptable) FL 33801 Lakeland,

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

City, State and Zip

(Signature of a member or audiorized representative of a member)

Beth R. Cross-Wilhelm, Authorized Representative (Printed on typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agenz)

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

INHS18 (8/05)