

12/31/13

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Support@licensesetc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EDWARDS COMMUNITIES CONSTRUCTION COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDWARDS COMMUNITIES CONSTRUCTION COMPANY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Babbitt

Name of Person

Licenses, Etc., Inc.

Firm/Company

886 110th Ave N. Suite 6

Address

Naples, FL 34108

City/State and Zip Code

support@licensesetc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Babbitt

Name of Person

at 239 777-1028

Area Code & Daytime Telephone Number

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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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INMS18 (12/13)

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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 608.116 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: EDWARDS COMMUNITIES CONSTRUCTION COMPANY, LLC

2. (a) Principal office address of limited liability company: 485 S HIGH STREET, SUITE 150
COLUMBUS, OH 43221
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 485 S HIGH STREET, SUITE 150
COLUMBUS, OH 43221
(Note: MAY BE POST OFFICE BOX)

03/03/2008
3. Date of filing/registration in Florida

MO8800001058
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: LICENSES, ETC.

Registered Office Address: 15276 COLLIER BLVD, #201-300
Naples, FL 34119

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Licenses, Etc., Inc.

NEW Registered Office Address: 888 110th Ave N, Suite 8

(MUST BE FLORIDA STREET ADDRESS) Naples, FL 34108

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.

→ Mike Cannon
Signature of a member or authorized representative of a member

→ MIKE Cannon
Printed or 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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]
Signature of Registered Agent

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

FILING FEE: \$25.00

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