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DEPARTMENT OF STATE

DEC 19 2012



ACCOUNT NO. : I2000000195

REFERENCE : 461241 7740520

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: December 17, 2012

ORDER TIME : 10:41 AM

ORDER NO. : 461241-058

CUSTOMER NO: 7740520

CHANGE OF AGENT

NAME: PASCO RESIDENTIAL LOTS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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: PASCO RESI	DENTIAL LOTS LLC	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	•	
(Title: MOST BESTREET TESTRESS)	St. Augustine FL 32084	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12 TO	
03/29/2010	M10000001470	
3. Date of filing/registration in Florida	M10000001470 4. Document number	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324	
NEW Registered Office Address:	Corporation Service Company 1201 Hays Street	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	the second secon	
	Tallahassee ,FL 32301	
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. (Signature of a member or authorized representative of a member)		
Deb Reeves, Authorized Person (Printed or typed name of signee)	_	
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 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. By: (Signalure Registered Appl)		
(Signature of Registered Agent) Corporation Service Company	Grace E. Kirby, Assistant Vice President	

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