

M10000002419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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12 DEC 18 PM 1:58

FILED  
2012 DEC 18 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 461241 7740520

AUTHORIZATION :

COST LIMIT : \$ 25

*Spivey*

ORDER DATE : December 17, 2012

ORDER TIME : 10:15 AM

ORDER NO. : 461241-024

CUSTOMER NO: 7740520

FILED  
2012 DEC 18 AM 10:18  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: HW CGC INVESTMENT LAND II, 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: HW CGC INVESTMENT LAND II, LLC
2. (a) Principal office address of limited liability company: Alsop Properties, Inc.  
**(Note: MUST BE STREET ADDRESS)** 77 Saragossa Street  
St. Augustine, FL 32084
- (b) Mailing address of limited liability company: \_\_\_\_\_  
**(Note: MAY BE POST OFFICE BOX)** \_\_\_\_\_

- 05/28/2010  
3. Date of filing/registration in Florida
- M10000002419  
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
- |                            |  |
|----------------------------|--|
| Registered Agent:          | <u>CT Corporation System</u>                                     |
| Registered Office Address: | <u>1200 South Pine Island Road</u><br><u>Plantation FL 33324</u> |

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

<u>NEW Registered Agent:</u>	<u>Corporation Service Company</u>
<u>NEW Registered Office Address:</u>	<u>1201 Hays Street</u>
<b><u>(MUST BE FLORIDA STREET ADDRESS)</u></b>	<u>Tallahassee, FL 32301</u>

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.

Deb Reeves

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

Deb Reeves, Authorized Person

(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 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: \_\_\_\_\_

(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