M10000002419

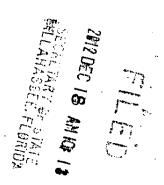
(Requestor's Name)		
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PICK-UP	WAIT MAIL	
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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	A. LUNT	
	DEC 19 2012	
	EXAMINER	

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DEPARTMENT OF STATE





CORPORATION SERVICE COMPANY

ACCOUNT NO. : , 12000000195

REFERENCE : 461241 7740520

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: December 17, 2012

ORDER TIME : 10:15 AM

ORDER NO. : 461241-024

CUSTOMER NO: 7740520

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.

<u></u>	
1. Name of the limited liability company: HW CGC INV	/ESTMENT LAND II, LLC
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 	•
(Wite. MCOT DE STREET MODICOSE)	St. Augustine, FL 32084
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
05/28/2010	M10000002419
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State: CT Corporation System 1200 South Pine Island Road
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
•	CAT: G
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MUST BE FLORIDA STREET ADDRESS	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business
Deb Reeves, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I are registered agent as provided for in Chapter 608, change in the registered office address. I hereby a lin writing of this change.
(Signature of Registered Agent) Corporation Service Company	Graca E. Kirhy, Assistant Vice President
	LIBROR C. IN HOLV ANNINIMI VICE FIENHEDI

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

INHS18 (05/08)