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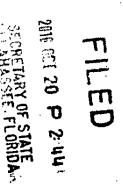
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Rt. 207 Properties, LLC	
	Na	me of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to the following:
Oscar	r M. Howard, III	
	Name of Person	
Oscar	M. Howard, III, Law Firm	
	Firm/Company	
P.O. E	Box 22	
	Address	
Perry,	, FL 32348	
	City/State and Zip Code	
hclaw	group@gmail.com	
E	-mail address: (to be used for future an	nual report notification)
For fur	ther information concerning this matter	; please call:
Oscar	M. Howard, III	at (850 ) 584-4980  Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
	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 followin	g amount:
	2 \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18	(2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Rt. 207 Prope	rties,	LL	<u>C</u>		·		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N		ess of limited liab LY BE POST OF		
		1932 Carter Avenue			1932 Ca	rter Aven	nue		
		Ashland, KY 41101			Ashland,	KY 4110	01		
		02/14/2011		٨	/110000	00731			
3.		Date of filing/registration in Florida	4.			Document	number		
5.	(a)	Shannon L. Wells							
•	(4)	Registered Agent and Registered Office shown on the records of	the Flori	da I	Dept. of State	· <u>·</u>			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE!	<u>55)</u>					
		8999 US Rt. 19 South							
		Perry , FL	3234	8			7	;	are reported to
	<i>a</i> .	Oscar M. Howard, III	<u> </u>			•			
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:		ress:	•	SSE	3	នា	
							TARY OF S	0	一四
		NEW Registered Office Address:		•		-	SHE	7 Lu	
		315 W. Green Street	·····				>	_	
		Perry	3234	7			,		
the age was the	cha nt v s/we arti arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized representative of a member obvious of all statutes relative to the proper and complete	the repability of the limited	gist cor imit d lia	ered office npany, it is ted liability ability con	e and the best hereby company opposite the best for the b	usiness office onfirmed that y or as otherwi Wells typed name of sig	of the case property of the case property of the case property of the case of	ne registered hange(s) rovided in
	giec [	of all statules relative to the proper and complete interest of all statules relative to the proper and complete ignitions of my position as registered agent as provide ely reflect a change in the registered office address, I is in writing of this change.	a jor ir hereby	r Ci	napier 603 nfirm that	the limited	ij inis aociimi Fliability comp	ent 13 Pany	s veing juea has been

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