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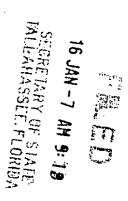
| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| (Orty/State/21p/FiloHe #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| Cartifical Canina Cartification of Status | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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COVER LETTER * * *

| TO: | Registration Section Division of Corporations | | | | | | | |
|---|---|--|--------------------------------------|--|--|--|--|--|
| erib ii | ECT. | Hallmark- Whispering Pines, LLC | | | | | | |
| SOBI | Name of Limited Liability Company | | | | | | | |
| Dear S | 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: | | | | | | | | |
| April | Cliche | | | | | | | |
| | Name of Person | | | | | | | |
| Halln | nark Management, Inc. | | | | | | | |
| <u></u> | Firm/Company | | | | | | | |
| 3111 | Paces Mill Rd. Ste. A-250 | | | | | | | |
| | Address | <u>-</u> | | | | | | |
| Atlan | ta, GA 30339 | | | | | | | |
| | City/State and Zip Co | de | | | | | | |
| | he@hallmarkco.com | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| April | Cliche | 770 | 984-2100 x118 | | | | | |
| | 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 | ristration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| | Enclosed is a check for the following amount: | | | | | | | |
| | ☑ \$25 Filing Fee | 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. Name of the limited liability company: Hallmark- Whispering Pines, LLC | | | | | | | | |
|---|--|---|---|---|---|--|--|--|
| | | | | | | | | |
| | ` , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| | | 4040 West Newberry Road, Suite 950B | | 3111 Pa | ces Mill Rd. Ste. A-250 | | | |
| | | Gainesville, FL 32607 | _ | Atlanta, GA 30339 | | | | |
| | | 05/16/2012 | | M120000 | 02738 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. | (a) | | | | | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of t | he Flori | da Dept. of State | : | | | |
| | Susan Adams | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | | |
| | 4040 West Newberry Road, Suite 950B | | | | | | | |
| | | Gainesville , FL | 3260 | 7 | 16 J EGR | | | |
| | | | | | JAN-7 RETARY AMASSE | | | |
| (b) | | | | | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | | | |
| | | The Hallmark Companies, Inc. | 7 AM 9: IS FELFLORIDA | | | | | |
| | | NEW Registered Office Address: | 5 | | | | | |
| 4040 West Newberry Road, Suite 950B | | | | | | | | |
| | | Gainesville . FL | 3260 | 7 | | | | |
| 10 | | | | | | | | |
| the | e cha | imited liability company is not organized under the law inge or changes are made, the Florida street address of | the res | gistered office | and the business office of the registered | | | |
| ag | ent v | will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of | bility | company, it is | hereby confirmed that the change(s) | | | |
| the articles of organization or the operating agreement of the limited liability company. | | | | | | | | |
| | | Month Western | М | artin H. Pet | ersen | | | |
| - | Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee | | | |
| pro the to | ovisi e obl merc | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have the control of this change. | ee to a perfor I for in iereby | ct in this cape mance of my e i Chapter 605 confirm that i | icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been | | | |
| Si | gnatu | re of Registered Agent | | | | | | |

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