| Requester's Name 850 Park Shore C Address | DOOC FIVE HOOT |)144 |
|---|---|--|
| Maples, Fl. 34/03 Phone # | 11 | 000033882811 -09/11/0001093012 *****35.00 *****35.00 |
| | Offic | e Use Only |
| CORPORATION NAME(S) & DOCU | MENT NUMBER(S), (if know | vn): |
| | | |
| 1. (Corporation Name) | (Document #) | |
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| 2. (Corporation Name) | (Document #) | FILED T 30 PI |
| 3. | | PA ED |
| (Corporation Name) | (Document #) | FILED 30 PM 2: 53 ARY OF STATE ASSEE, FLORIDA |
| 4(Corporation Name) | (Document #) | |
| ☐ Walk in ☐ Pick up time _ | | Certified Copy |
| ☐ Mail out ☐ Will wait | ☐ Photocopy ☐ | Certificate of Status |
| NEW FILINGS | <u>AMENDMENTS</u> | ~/// |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger | Officer/Director Agent al |
| OTHER FILINGS | REGISTRATION/QUAL | IFICATION |
| ☐ Annual Report ☐ Fictitious Name | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other | |
| CR2E031(7/97) | | Examiner's Initials |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 18, 2000

ROETZEL & ANDRESS 850 PARK SHORE DRIVE, 3RD FLOOR NAPLES, FL 34103

SUBJECT: TADPOLE HOLDINGS, LLC, L.C.

Ref. Number: M9400000144

We have received your document for TADPOLE HOLDINGS, LLC, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 100A00049072

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. The name of the lim | nited liability company i | is: Tadpole Hold: | ings, LLC, L. | <u>c. </u> |
|---|---|--|--|--|
| 2. The mailing address | s of the limited liability | company is: | | |
| 3606 McCall | l Place, Doravilla, | GA 30340 | | • |
| November 17, 1994 | . 1 | M94 | 4000000144 | |
| 3. Date of filing/registr | ration in Florida | 4. I | Document numb | per |
| 5. The name of the reginal Florida Department | istered agent and the reg of State: | gistered office addre | ss as shown on | |
| - | C. Neil Gregory | , Esquire | · | |
| | | Name ail North, Suite | | FILED 00 OCT 30 PM SECRETARY OF TALLAHASSEE, F |
| | | Address | | LED SEE |
| | Naples, FL 3410 | y, State and Zip | | TS N |
| - ma | | - | | 2: 5 STAT |
| 6. The name and addre | ss of the new registered | agent and/or office: | | DE ω |
| | C. Neil Gregory | , Esquire | | |
| | | Name | | |
| | 850 Park Shore | Drive, 3rd Floor | - . | - - |
| | Florida street addre | ess (P.O. Box NOT | acceptable) | |
| | <u>Naples</u> | FL 34103 | | , |
| | City | y, State and Zip | | |
| confirmed that after the and the business office liability company, it is of the members of the or the operating agreen | company is not organized change or changes are of the registered agent hereby confirmed that the limited liability companient of the limited liability. | e made, the Florida so will be identical. On the change(s) was/we ny or as otherwise pro lity company. | treet address of r, in the case of ere authorized i | the registered office a Florida limited by an affirmative vote |
| | thorized representative of a mo | ember) | | |
| Gary A. Link, Mana (Printed or typed name of sig | | <u> </u> | | |
| I hough account the an | pointment as registered ions of all statutes relat and accept the obligati if this document is bein rm that the limited liab | l agent and agree to tive to the proper and ons of my position a g filed to merely refulty company has be | act in this capa d complete perfo s registered age lect a change in en notified in w | city. I further agree to ormance of my duties, ent as provided for in the registered office witing of this change. |
| Distanting of Registered Age. | | D O Doy 6227 Toll | lahassa EI 2 | 2214 |

vision of Corporations, P.O. Box 6327, Tallahassee, FL 3231

INHS18(10/99)

FILING FEE: \$25.00