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Frazier + Frazier

Requester's Name

1515 Riverside Avenue, Suite P

Address

Jacksonville, FL 32204

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	6000032352662 -05/02/0001060005
(Corporation Name)	(Document #) *****25, 88 *****25, 00
2. (Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	—————————————————————————————————————
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Name Limited Liability Availability Domestication	Change of Registered Agent Dissolution/Withdrawal
Document Examiner OTHER FILINGS	☐ Merger
Updater PCC Annual Report	REGISTRATION/QUALIFICATION
Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement
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W. P. Verifyer DCC	- Other
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Examiner's Initials

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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 limited liability company is: Monticello Land Company, LLC 2. The mailing address of the limited liability company is: 8806 Winged Bourne, Charlotte, NC 28210 September 4, 1996 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: J. Tracey Fore Name 1560 Selva Marina Drive Address Atlantic Beach, FL 32233 City, State and Zip 6. The name and address of the new registered agent and/or office: W. Robinson Frazier Name <u> 1515 Riverside Avenue, Suite A</u> Florida street address (P.O. Box NOT acceptable) Jacksonville 32204 City, State and Zip 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. (Signature of a member or authorized representative of a member)

William V. Roberts, Member-Manager (Printed or typed name of signee)

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 pereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00