

N940000004588

DMD

DELL GRAHAM

203 NE 1ST STREET GAINESVILLE FLORIDA 32601

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

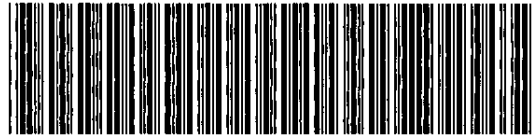
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.
2. The principal office address: 480 Marshburn Drive  
Bronson, FL 32621
3. The mailing address (if different): Post Office Box 129  
Bronson, FL 32621-0129 US
4. Date of incorporation/qualification: 09/16/1994 Document number: N94000004588
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SHEREE LANCASTER, ATTORNEY AT LAW

109 EAST WADE STREET

TRENTON, FL 32693 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David M. Delaney, Esq.

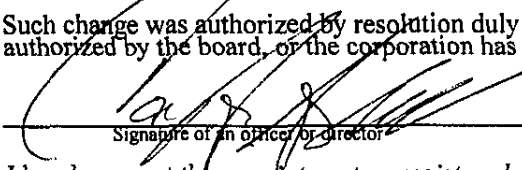
203 NE 1st Avenue

P.O. Box NOT acceptable

Gainesville, FL 32601

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

CAMERON A. ASBELL, CHAIRMAN

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David M. Delaney  
Signature of Registered Agent

12/14/2012  
Date

If signing on behalf of an entity:

David M. Delaney  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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