P02000134171

| (Re | questor's Name) | | | | | |
|---|-------------------|------|--|--|--|--|
| | | | | | | |
| (Ad | dress) | | | | | |
| | dress) | | | | | |
| ţ,ru | uiess) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| PICK-UP | MAIT | MAIL | | | | |
| | | | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| Special Instructions to | Filing Officer: | } | | | | |
| | | 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | { | | | | |
| | | | | | | |

Office Use Only



000071528950

04/28/06--01034--008 **35.00

OG APR 28 AM 5: 27
TALLAHASSEE, FINDRE,

COVER LETTER

Division of Corporations SUBJECT: Florida Properties and Development of Greater Lakeland, Inc. (Name of Corporation) DOCUMENT NUMBER: P02000134171 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David D. Hallock, Jr. (Name of Contact Person) Gray Robinson, P.A.
(Firm/Company) Post Office Box 3, One Lake Morton Drive (Address) Lakeland, Florida 33802-0003 (City/State and Zip Code) For further information concerning this matter, please call: at (863) 284-2208 (Area Code & Daytime Telephone Number) David D. Hallock, Jr. (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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: Florida Properties and Development of Greater Lakeland, Inc. | | | | | | |
| | 2. The principal office address: 210 Neptune Road, Auburndale, Florida 33823 | | | | | | |
| | | | ···· | | | | |
| | 3. The mailing address (if different): Post Office Box 6558, Lakeland, Florida 33807-6558 | | | | | | |
| • | 4. Date of incorp | poration/qualification: 12/23/2002 Document number: P0200013 | 4171 | | | | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | | | | | | | |
| | Robert J. Bertrand | | | _ | | | |
| One Lake Morto | | One Lake Morton Drive | | 06 AI | - | | |
| | | Lakeland, Florida 33801 | 1000 1000 1000 1000 1000 1000 1000 100 | APR 28 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered o (if changed): | | | | A | | | |
| | | David D. Hallock, Jr. | ÄÆ | 5: 27 | | | |
| One Lake Morton Drive | | | | | | | |
| | | (P.O. Box NOT acceptable) Lakeland, Florida 33801 | | | | | |
| The street address of its registered office and the street address of the business office of its registered agen as changed will be identical. | | | | | | | |
| | Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an off he board, or the corporation has been notified in writing of the change. | ficer s | o | | | |
| | `~ J | ture of an ordicer or director) (Printed or typed name and title) | | | _ | | |
| | I hereby accept I further agree of ny auties, an document is bei corporation has | t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comple I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby on the provided in writing of this change. | ete pei gent, confiri | rforma Or, if m that | ince this the | | |
| / | | gnature of Registered Agent) (Date) | | | | | |
| | If signing on be | ehalf of an entity: | | | | | |
| | Gray Robin | Typed or Printed Name) | | • | | | |

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

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