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(Requestor's Name)						
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(City/State/Zip/Phone #)						
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SECRETARY OF STATE ALLAHASSEE, FLORID

AUG 10 PH 1: 4

COYER LETTER

Amendment Section Division of Corporations

TO:

arin teat.	Deer Creek, Inc.					
SUBJECT:	Name of Corporati					
DOCUMENT NUMBER:	V3257	' 9				
The enclosed Statement of Change of	Registered Office/Agent	and fee are submitted	l for filing.			
Please return all correspondence conce	erning this matter to the f	following:				
	Craig B. Hill, Esquire					
	Name of Contact Pe	rson				
Clark, Campbell, Mawhinney & Lancaster, P.A.						
Firm/Company						
500 South Florida Avenue, Suite 800 Address						
	Addiess					
	Lakeland, Florida 33801 City/State and Zip Code					
E-mail address: (to be used for future a	nnual report notifica	ntion)			
For further information concerning th	s matter, please call:					
Craig B. Hill	at (863	647-5337			
Name of Contact Person	on A	Area Code & Daytime	Telephone Number			

Mailing Address: Amendment Section

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

· • 100				
statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flori d under the laws of the State	of Florida
in orae	er 10 change 11s registered	a office or registered	d agent, or both, in the State	of Florida.
1. The name of	the corporation: Deer	Creek, Inc.		
2. The principal	office address: 500 Sc	outh Florida Ave	nue, Suite 700	
Lakeland,	FL 33801			
3. The mailing a	address (if different): P.	O. Box 5252		
Lakeland	d, FL 33807			
4. Date of incor	poration/qualification:	04/29/1992	Document number:	V32579
	d street address of the current of State: (If resign		nt and registered office on file	with the
	Peter A. McFarlan	<u>e</u>	-	<u></u>
	500 South Florida	Avenue, #715		09 SE(TAL)
	Lakeland, FL 3380)1		ANG L
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or registered	IO PH ARY OF S SSEE, FL
	RONALD L. CLA	ARK		-: L
	500 South Florida	Avenue, Suite 8	300	A T
		P.O. Box NOT ac	ceptable	
	Lakeland, Florida	33801		
The street address changed will	ess of its registered office libe identical.	ce and the street ad	dress of the business office	of its registered agent,
Such change wanthorized by the	as authorized by resolut he board, or the corpora	ion duly adopted b	y its board of directors or by ied in writing of the change.	y an officer so
	MIII		Mark E. Sch	nreiber, Vice Ares ident
-	ire of an officer or director	intored agant and	- ·	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflect been havined in writin	istered agent and c isions of all statute d accept the obliga ct a change in the r g of this change.	ngree to act in this capacity. Is relative to the proper and ntion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
8-6-09				
Sig	gnature of Registered Agent		Date	
If signing on be	chalf of an entity:			
ī	yped or Printed Name			

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