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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	A. LUNT MAY 21 2011 EXAMINER	

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COVER LETTER

Contempo Florida Business Brokers **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lesley Figg Name of Person Firm/Company 2875 S Orange Ave, #500 Address Orlando City/State and Zip Code FL32806 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO: Registration Section

Division of Corporations

STAGEMENT 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.

Name of the limited liability company:	Contempo Florida Business Brokers
2. (a) Principal office address of limited liability of	company: 43344 Hwy 27
(Note: MUST BE STREET ADDRESS)	Davenport FL33837
(b) Mailing address of limited liability compan	y: <u>2875 S Orange Ave, #500</u>
(Note: MAY BE POST OFFICE BOX)	Orlando, FL32806
06/21/04	L04000046172
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:
Registered Agent:	Kellie Shepherd
Registered Office Address:	2875 S Orange Ave, #500 - TT Orlando FL32806
(b) Enter name of NEW Registered Agent and	
NEW Registered Agent:	Lesley Figg
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	2875 S Orange Ave, #500 Orlando
1.10.51.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	FL32806 ,FL
and the business office of the registered agent will liability company, it is hereby confirmed that the c	be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Gordon Figg	
Printed or typed name of signee I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent-