

**L05000026370**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AUG 30 2011

**EXAMINER**



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08/29/11--01021--005 \*\*25.00

**FILED**  
11 AUG 29 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MICHAEL F. DIGNAM, P.A.

ATTORNEY AT LAW

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August 26, 2011

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

Re: Bay View Properties, LLC

Dear Sir/Madam:

Enclosed is a Cover Letter and Statement of Change of Registered Agent for Bay View Properties, LLC. We have also enclosed a check for \$25.00 to cover the fee. Please make the change and send confirmation to our Firm when the change is made.

Thank you for your cooperation and if you have any questions with regard to the foregoing, please do not hesitate to call.

Very truly yours,



Stacey A. Shaw, Legal Assistant  
For the Firm

/sas  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bay View Properties, L.L. C  
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:

Michael F. Dignam  
Name of Person

Michael F. Dignam, P.A.  
Firm/Company

1601 Hendry Street  
Address

Fort Myers, Florida 33901  
City/State and Zip Code

mfdignam@dignamlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael F. Dignam at ( 239 ) 337-7888  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Bay View Properties, L.L.C.

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

5326 Bayview Court  
Cape Coral, Florida 33904

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

5326 Bayview Court  
Cape Coral, Florida 33904

03/16/2005  
3. Date of filing/registration in Florida

L05000026370  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Charles Sloan

Registered Office Address: 5326 Bayview Court  
Cape Coral, Florida 33904


(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Peta Sloan

**NEW Registered Office Address:** 5326 Bayview Court  
**(MUST BE FLORIDA STREET ADDRESS)** Cape Coral, Florida 33904

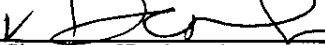
FILED  
AUG 29 PM 4:00  
STATE OF FLORIDA

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

Peta Sloan, managing member  
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 hereby 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**  
**FILING FEE: \$25.00**