L06000117127

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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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C. LEWIS FEB 1 9 2010 EXAMINER

COVER LETTER

Registration Section Division of Corporations	
SUBJECT: Flo	orida Turnpike Services, LLC
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Michele Goldberg	3
Name of Person	
Florida Turnpike Service	es LLC
P.O. Box 666810	<u> </u>
Pompano Beach Fl 3: City/State and Zip Code	3066
mpcmg@hotmail.co	om report notification)
For further information concerning this	matter, please call:
Michele Goldberg	at (954) 972-0123
Name of Person	Area Code & Daytime Telephone Number
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the fol	lowing 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.

agent, or both, in the state of Ftortaa.	
Name of the limited liability company:	Florida Turnpike Services LLC
2. (a) Principal office address of limited liability comp	oany: Mile Marker 65 Florida's Turnpike
(<u>Note: MUST BE STREET ADDRESS</u>)	Pompano Beach FL 33064
(b) Mailing address of limited liability company:	P.O. Box 666810
(Note: MAY BE POST OFFICE BOX)	Pompano Beach FL 33066
2/2/2010	L06000117127
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Joe A Chambliss
Registered Office Address:	6550 N Federal Highway Suite 240 Ft Lauderdale FL 33308
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW Registered Agent</u> :	JOE A. CHAMBLISS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Mile Marker 65, Florida's Turnpike Pompano Beach ,FL33064
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company; it is hereby confirmed that the change of the members of the limited liability company or as or or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the laws of the State of Florida, it is hereby be Florida street address of the registered office
Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 508 F.S. Or, if this document is being filed to address I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office
	pany has been notified in writing of this earnge.
Signature Registered Agent Division of Corporations, P.O. Box	
	rnstriannoscop bi 4741/1 (17-45 CD) .

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