

LD7000054897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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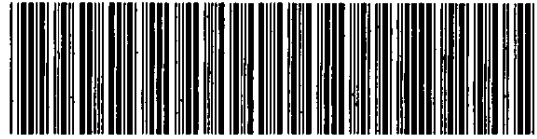
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08 AUG 12 AM 11:11
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 646 MB, LLC
(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:

PASTOR VELASCO

(Name of Person)

646 MB, LLC

(Firm/Company)

24 LAKE TRAIL LANE

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA VELASCO

(Name of Person)

at (651) 216-6102

(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: 646 MB, LLC +
- 2. (a) Principal office address of limited liability company: 24 LAKE TRAIL LANE +
 (**Note: MUST BE STREET ADDRESS**) SANTA ROSA BEACH, FL 32459-7542 +
- (b) Mailing address of limited liability company: 24 LAKE TRAIL LANE +
 (**Note: MAY BE POST OFFICE BOX**) SANTA ROSA BEACH, FL 32459-7542 +

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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: PASTOR VELASCO

Registered Office Address: 11715 SW 92ND TERRACE
MIAMI, FL 33186

DIVISION OF CORPORATIONS
 08 AUG 12 AM 11:11

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

NEW Registered Agent: _____

NEW Registered Office Address: 24 LAKE TRAIL LANE
 (**MUST BE FLORIDA STREET ADDRESS**) SANTA ROSA BEACH, FL 32459-7542

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]
 (Signature of a member or authorized representative of a member)

PASTOR VELASCO
 (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]
 (Signature of Registered Agent)

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