## L07000064000

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone	#)				
PICK-UP WAIT	MAIL				
(Business Entity Nam	e)				
(Document Number)					
Certified Copies Certificates	of Status				

Special Instructions to Filing Officer:

A. LUNT

AUG 25 2010

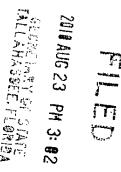
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

Division of C					
SUBJECT:				ment, LLC	
	Name of	f Limited 1	Liability Cor	npany	
Dear Sir or Madam:					
The enclosed Registe	ered Agent/Registered	Office Cl	nange and fe	e(s) are submitted	for filing.
Please return all corr	espondence concernin	ig this ma	ter to the fol	lowing:	
Rol	pert F. Greene, Esq.				
	······································				
Greene Hamrick	Perrey Quinlan & Se Firm/Company	chermer,	<u>P.A.</u>		
60	1 12th Street West				
	Address				
	lenton, Florida 3420 ity/State and Zip Code	5			2910 AUG 23
jgolder E-mail address: (to be	n@rosemontrealty.c	om t notification	)		
For further informati	on concerning this ma	atter, pleas	e call:		3: <b>6</b> 2
	F. Greene	at (	941 )	747-187	
Name o	f Person		Area Coo	le & Daytime Telephon	e Number
Registration So Division of Co Clifton Buildin	orporations ng e Center Circle		Registratio Division of P.O. Box 6	Corporations	
Enclosed is a	check for the follow	ing amou	ınt:		
\$25 Filing	Fee	ſ	\$55 Filin	g Fee & Certified	Сору

## 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: BGK	-Integrated Management, LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	330 Garfield St. Santa Fe, NM 87501
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
6/18/2007	L07000064000
3. Date of filing/registration in Florida	4. Document number 22
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Andrew T. Nichols
Registered Office Address:	801 Brickell Ave., Suite 900: The Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:  Robert F. Greene, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	601 12th Street West  Bradenton ,FL 34205
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe of the operating agreement of the limited liability company	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, estion as registered agent as provided for in early reflect a change in the registered office by 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