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(Requestor's Name)				
(Ad	dress)			
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(Cit	ty/State/Zip/Pho	one #)		
PICK-UP	MAIT	MAIL		
		1		
(Business Entity Name)				
(, .	,,		
(D)		2		
(Document Number)				
Certified Copies	_ Certifica	tes of Status		
Speciał Instructions to	Filing Officer	<u> </u>		
Opecial mandedona to	Tilling Officer.	• !		
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J. HORNE				
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SECRETARY OF STATE

FALL AHASSEE, THE

COVER LETTER

то:	Registration So Division of Co					
Legacy Services, LLC SUBJECT:					LLC	
SUDJ.	ECT:		Name of	ame of Limited Liability Company		
Dear S	ir or Madam:					
The er	closed Registere	d Agent/Register	red Office C	Change and	fce(s) are submitted for filing.	
Please	return all corres	pondence concer	ning this ma	atter to the f	following:	
		Richard P. Belling	er			
	·•-	Name of Perso	n		_	
	l	Legacy Servi ce s, L	.LC			
		Firm/Company	,		_	
	981	0 Kirkstone Terra	ce Drive			
-		Address			-	
		Spring, TX 7737	9			
	Ci	ty/State and Zip	Code			
	-	bellinger@gmail.c			_	
ł	i-mail address: (1	o be used for fut	ure annual r	eport notifi	cation)	
For fu	ther information	concerning this	matter, plea	se call:		
	Richard	P. Bellinger	g	561 t (309-6078	
	Name	of Person		• \	Area Code & Daytime Telephone Number	
	Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a	check for the fol	lowing amo	ou n t:		
	S25 Filing F	ee		□ \$5	5 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 605.0114 or 605.0116, 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. N	ame of the limited liability company: Legacy Service	es. LLC
2. (a)		(b)
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9810 Kirkstone Terrace Drive	9810 Kirkstone Terrace Drive
	Spring. TX 77379	Spring, TX 77379
	08/27/2007	L07000087626
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Richard P. Bellinger	
3. (u)	Registered Agent and Registered Office shown on the records of the Floric	22.
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	AHASSI
	11145 Lands End Chase	
	Port Saint Lucie , FL 34986	
(b)	Gary J. Nagle	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:
	NEW Registered Office Address:	
	14255 U.S. Highway One, Suite 203	
	Juno Beach . FL 33408	
change agent v was/we the arti	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability or cauthorized by an affirmative vote of the members of the lincles of organization or the operating agreement of the limited	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
Signat	Ture of a member or authorized representative of a member	Richard P. Bellinger Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agree to account of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for in a change in the registered office address. I hereby continued in the continued in the registered office address. I hereby continued in the	in this agreeits. I finish an arrest are a larger

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