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SECRETARY OF STATE TALLAHASSEE, FLORIDA





## **COVER LETTER**

1

TO: Registration Section Division of Corporations BISHOP BEALE HOLDING, LLC **SUBJECT:** 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: Kelly Hooper Name of Person BishopBeale Firm/Company 250 North Orange Avenue, Suite 1500 Address Orlando, FL 32801 City/State and Zip Code kelly@bishopbeale.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly Hooper Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

**2** \$25 Filing Fee

## 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

	me of the limited liability company:  -recently changed via e-mail to Sunbiz		(b) -recently changed via e-mail to Sunbiz				_
2. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				_
	250 North Orange Ave., Suite 1500		250 No	orth Orange Ave., Su	uite 1500		
	Orlando, FL 32801		Orland	o, FL 32801			<u> </u>
	11/05/2009	•	L090001	106802			
3.	Date of filing/registration in Florida	4.	<del></del>	Document number			
5. (a)	William D. Bishop III						
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			nte:			
	1321 Edgewater Dr.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	Suite 2						
	Orlando, FL	, <sub>FL</sub> _3280	4	_			
(b)	same name as above						
(0)	Enter name of NEW Registered Agent and/or NEW Re	egistered Office	address:	_	Z <sub>É</sub>	5	
	250 North Orange Ave.				CRET/ LAHA	- <del>83</del>	5 5 7
	NEW Registered Office Address:					വ	己至
	Suite 1500			_		<b>P</b>	Box
	Orlando	, <sub>FL</sub> 3280	11	_	≅≥	2: 32	
the cha agent v was/we	Orlando  imited liability company is not organized under ange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida line authorized by an affirmative vote of the meicles of organization or the operating agreement	. r the laws of the remaited liability mbers of the l	he State of F gistered offi company, it imited liabil	ce and the business office is hereby confirmed the ity company or as other	irmed that ce of the re at the chang	after egiste	red

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 605, 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.

Printed or typed name of signee

Signature of Registered Age

Signature of a member or authorized representative of a member