MOLODOBASYT

(Requesto	or's Name)	
(Address)		
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(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
	,	
(Document Number)		
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
JUL 0 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bedford Capital Souther (Name of L	ast, LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Matt Thompson (Name of Person)	
National Registered Agents, Inc. (Firm/Company)	09 JU
11600 College Boulevard, Suite 2	FILED 9 JUL -6 PM 1:34 ECKETARY OF STATE LAHASSEE. FLORIDA
Overland Park, KS 66210 (City/State and Zip Code)	1:34 STATE LORIDA
For further information concerning this matter	er, please call:
Matt Thompson (Name of Person)	at (800) 550-6724 (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 followin	g 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. The name of the limited liability company is	s: Bedford Capital Southeast, LLC	
2. The mailing address of the limited liability of	company is : <u>431 East Horatio Ave</u>	nue, Suite 310 .
Maitland, FL 32751		
05/22/2006	M06000002847	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown of	n the records of the
CT Corporation Syste	əm	
	Name	
1200 South Pine Islan	nd Road	
	Address	
Plantation, FL 33324		
City	y, State and Zip	Ž., o
6. The name and address of the new registered	agent and/or office:	TAHE OF THE PERSON OF THE PERS
NRAI Services, Inc.		SA
	Name	EES O I
2731 Executive Park I	Drive, Suite 4	THE PM
	ess (P.O. Box NOT acceptable)	D STATI LORIE
Weston	FL 33331	DA SE
	State and Zip	-
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability companor the operating agreement of the limited liabil	made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized try or as otherwise provided in the	of the registered office of a Florida limited I by an affirmative vote
(Signature of a member or authorized representative of a men	nber)	
Heny F. Holmon, Jr. (Printed or typed name of signee) I hereby accept the appointment as registered comply with the provisions of all statules related and I am familiar with and accept the obligation of the confirmation of the confirmation of the limited liability. All Services, Inc. L. Man I ham form (Bignature of Registered Agent)	agent and agree to act in this cap ive to the proper and complete pe ons of my position as registered a g filed to merely reflect a change flity company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Kignature of Registered Agent) Matt Thompson, Assistant Secretary		
	P.O. Box 6327, Tallahassee, FL	32314

FILING FEE: \$25.00