

A010000000546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

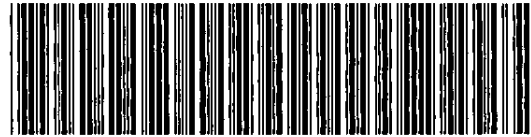
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

JUN 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayhead, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000000546

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Julia A. Schrader
Contact Person

Firm/Company

P.O. Box 2373
Address

St. Leo, FL 33574
City, State and Zip Code

julia.a.schrader@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Julia Schrader at (352) 467-9034
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Bayhead, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/30/2012 Date of filing/registration in Florida
3. A01000000546 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rief, Frank J III
410 Akerman Senterfitt
Name

401 E. Jackson Street, Suite 1700
Address

Tampa, FL 33602
City, State and Zip

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5. The name and Florida street address of the new registered agent and/or office:

Julia Schrader
Name

31306 Pasco Road
Florida street address (P.O. Box not acceptable)

San Antonio FL 33576
City, State and Zip

Mailing:
P.O. Box 2373
St. Leo FL 33574

6. Such change(s) is/are effective when filed by the Florida Department of State.

Julia A. Schrader
Signature of General Partner

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.

Julia A. Schrader
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50