## 3-60160000

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

Special Instructions to Filing Officer:

L. SELLERS

DEC -1 2009

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	T	
SUBJECT:	Thunder Properties, LLC	
Nam	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Jason Heerema	<u></u>	
Name of Person		
Thunder Properties,	110	
Firm/Company	<u> </u>	
1323 104th St SV	<u>V</u>	
Address		
Byron Center, MI 49	9315	
City/State and Zip Code		
iheerema@zionchristia	an.net	
jheerema@zionchristian.net E-mail address: (to be used for future annual report notification)		
The Code of the same		
For further information concerning this	s matter, please call:	
Jason Heerema	at ( 616 ) 862-5015	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS	S: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301.		
Enclosed is a check for the following 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.

Name of the limited liability company:	Thunder Properties, LLC	
2. (a) Principal office address of limited liability compan	y:	
(Note: MUST BE STREET ADDRESS)	1030 Stoney Creek Dr Lakeland, FL 33811	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
12/13/2001	L01000021628	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Daniel R MacNair	
Registered Office Address:	1644 Skinner St	
	Lakeland, FL 33801	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1030 Stoney Creek Dr	
[MUSI BE FLORIDA SIREEI ADDRESS]	Lakeland ,FL33811	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.    Signature of a member or authorized representative of a member   Signature of a member of signee   Signature of signatur		
I hereby accept the appointment as registered agent and 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 company.  Signature of Registered Agent	~> <u>~</u> > ~,	

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