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T. HAMPTON

JAN - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BCW Development, L.L.C. (Name of Limited Liability Company)					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	is matter to the following:				
Christian Eubanks (Name of Person)					
National Registered Agents, Inc. (Firm/Company)					
11600 College Blvd., Suite 210					
Overland Park, KS 66210 (City/State and Zip Code)					
For further information concerning this matter,	please call:				
Christian Eubanks (Name of Person)	(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 following	amount:				
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

December 31, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: BCW Development, L.L.C.

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, BCW Development, L.L.C., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson

National Registered Agents, Inc.

Enclosure - Check

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 limit	ed liability company i	S: BCW Developmen	nt, LiL.C. j	·
2. The mailing address o				
4501 NE 11th Street., Oca	manifest temp		* **	
9/12/2002		L020	000023866	
3. Date of filing/registrat	tion in Florida		ocument number	
5. The name of the regist Florida Department of		istered office addre	ss as shown on the re	ecords of the
_	C T Corporation Syst	em		_
		Name		
	12000 South Pine Island			SECRET IVISION I
Address			AN AN	
	Plantation, FL 33324			5 PRE
	Cit	y, State and Zip		ŏ≺'n
6. The name and address	of the new registered	agent and/or office:	:	D OF STATE RPORATIO PM 3:5
to the second se	NRAI Services, Inc.	•		
		Name	· · · · · · · · · · · · · · · · · · ·	0 75
•	2731 Executive Park I			
	Florida street addre		acceptable)	• • • • • •
	Weston	FL 33331		
		State and Zip		-
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreeme	change or changes are fithe registered agent creby confirmed that the mited liability comparent of the limited liabil	made, the Florida si will be identical. O he change(s) was/w ay or as otherwise pr ity company.	treet address of the re r, in the case of a Flo ere authorized by an	egistered office orida limited affirmative vote
(Signature of a member or autho		nber)		
(Printed or typed name of signee)	<u> </u>		
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc.	4. //L	agent and agree to ive to the proper and one of my position age filed to merely refulty company has be	act in this capacity. d complete performa s registered agent as lect a change in the r een notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.
Christian Eubanks - Asst.		P.O. Box 6327, Tal	lahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)