## L03000006258

(Re	equestor's Name	<u> </u>
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(Cit	y/State/Zip/Pho	ne #)
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SELRUTARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES

## Blumenfeld Kaplan Sandweiss, P.C.

168 North Meramec Avena Saint Louis, Missouri 6310 tel 314.863.0800 • fax 314.863.938 3201 South Providence • Suite 10 Columbia, Missouri 6520 tel 573.234.080 www.bks-law.co

September 9, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Registered Agent/Address Changes

Dear Sir/Madam:

Enclosed are three (3) corporate Registered Agent/Address changes and nine (9) limited liability company Registered Agent/Address changes, and the corresponding fees totaling \$330.00 as required. Please make the appropriate changes and provide me with evidence of the same at your earliest convenience.

Thank you for your assistance. Please let me know if you have any questions or need additional information regarding the enclosed.

Sincerely,

Harlon D. Keel

Paralegal

/hk Enclosures

cc: Harold A. Tzinberg, Esq.

FILED

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TALLAHASSEE FI OPINA

## 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	d liability company is:	Baldridge-	Lauderdale L.L.C	).		
2. The mailing address of						
11825 Manchester Roa	•	–				_
2/20/2003			L03000006258			
3. Date of filing/registration	on in Florida		4. Document numl	ber		
5. The name of the register Florida Department of S		stem Name	ddress as shown or	ı the records of	`the	
	Plantation, Florida 3	Address	)	TAS	. 0	
6. The name and address of	of the new registered ag	gent and/or of	fice:	LC: A	05 SEP	وسياسة
	Kelly Price			HAS:	P 12	1
	27200 Riverview Ce			SEE FLORIDA	2 PH '3;	
	Florida street address	(P.O. Box N	OT acceptable)	ORIC ORIC		
,	Bonita Springs	FL 34134		A E	Q,	
	City, St	tate and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authority).	ange or changes are mathe registered agent will eby confirmed that the limited liability company or a the limited liability co	ade, the Flori Il be identical change(s) was os otherwise pompany.	da street address of l. Or, in the case of as/were authorized	f the registered f a Florida limi by an affirmati	office ted ve vo	te of
Kenneth R. Baldridge						
(Pristed or typed name of signee)  I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm  (Signature of Registered Age(1))	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	gent and agree to the prope s of my positi lied to merel y company ho	re to act in this cap or and complete per on as registered as y reflect a change i as been notified in	acity. I further formance of m zent as provide in the registered writing of this d	agree y duti d for i d offic chang	e to es, in ee e.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**