

L03000008735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

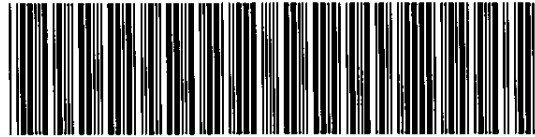
(Document Number)

Certified Copies _____ Certificates of Status _____

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[Handwritten signature]

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05/14/07--01015--006 **25.00

RECEIVED
07 MAY 14 AM 11:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAY 14 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation

May 14, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
07 MAY 14 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6925763 SO
Customer Reference 1: none given
Customer Reference 2:

Dear Department of State, Florida:

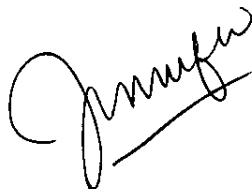
Please file the attached:

[REDACTED] (FL)
[REDACTED]
[REDACTED]
[REDACTED] (LLC)
[REDACTED]
[REDACTED]

Stokers & Braren Properties, LLC (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.



**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: Stokes + Bearen Properties, LLC
2. The mailing address of the limited liability company is : 4315 Pablo Oaks Ct.
Jacksonville, FL 32224
3. Date of filing/registration in Florida 3/10/2003
4. Document number L03000008735

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

Michael E. Bearen
Name
4315 Pablo Oaks Ct.
Address
Jacksonville, FL 32224
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip

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.

Michael E. Bearen
(Signature of a member or authorized representative of a member)

Michael E. Bearen
(Printed or typed name of signer)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Barbara A. Burke
(Signature of Registered Agent)

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