L03000021157

(Red	questor's Name)	<u></u>
(Address)		
(Address)		
(City	//State/Zip/Phone	#)
PiCK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
. (Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700184972417

09/09/10--01008--015 **25.00



SEP 1 0 2010 EXAMINER

COVER LETTER

TO; Registration Section Division of Corporations			
SUBJECT: Bay Leasing LLC Name of Limited Liability Company			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jeffrey B. Lafkowitz Name of Person			
Bay Leasing, LLC	· · · · · · · · · · · · · · · · · · ·		
6218-33rd Street N., Su	ite A		
St. Petersburg, FL. 337	102		
evelynhensley & champion guns. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Evelyn Hensley at (727) 521- 0644 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		

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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:Bw_L	easing, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	10218-33rd Street N., Svite A St. Petersburg, FL 33702
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	6218-33rd Street N., Suite A St. Petersburg, FL 33702
06-11-2003	L 03000021157
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:	Nelson T. Castellago
Registered Office Address:	101 East Kennedy Bled. Suite 2700 Tampa, FL 33601
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: For Figure 1981
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6218-33rd Street North Suite A St. Petersburg ,FL 33702
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member authorized representative of a member Teffrey Lafkowitz Printed or typed name of signee	larida street address of the registered office
I hereby accept the appointment as registered agent and a 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	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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