## L03000028445

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 1 9 2012

**EXAMINER** 



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March 12, 2012

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

RE: Buckingham Enterprises, LLC

FL Document # L03000028445

Dear Sir/Madam:

Enclosed for filing is an original and one photocopy of a Statement of Change of Registered Agent and Registered Office submitted on behalf of Buckingham Enterprises, LLC. Also enclosed is a check in the amount of \$25.00 in payment of the filing fee.

Please file this change of registered agent with your Department as soon as possible and return a filed-stamped copy of the document to me. A postpaid return envelope is provided for your convenience.

Thank you for your assistance in this matter. If you have any questions, please call me.

Very truly yours,

Rebecca A. Diller Corporate Paralegal

Enclosures QB\16128798.1

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI			I ENTER d Liability	PRISES, LLC Company
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered	Office	Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning	g this m	atter to the	following:
	BECKY DILLER		<del></del>	TALLAHASSEE, FLORIG
	Name of Person			
	QUARLES & BRADY LLF	>		SSEER
	411 E WISCONSIN AVE STE	2040	(+ ± <b>**</b>	LORIDA LORIDA
	Address			
	MILWAUKEE WI 53202 City/State and Zip Code		<del></del>	
E-	enrolledagent@earthlink.n		on)	
For fu	rther information concerning this ma	tter, ple	ase call:	
	BECKY DILLER	at (_	414)	277-5541
	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 follow	ing amo	ount:	
1	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08) QB\15442149.1

## 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. Name of the limited liability company:	BUCKINGHAM ENTERPRISES, LLC
2. (a) Principal office address of limited liability of	company:
(Note: MUST BE STREET ADDRESS)	101 PRESTWICK DRIVE DAVENPORT FL 33897
(b) Mailing address of limited liability company	y: SAME PROPERTY
(Note: MAY BE POST OFFICE BOX)	
08/01/2003	L03000028445
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	NAPLES-LAWDOCK, INC.
Registered Office Address:	1395 PANTHER LANE
	NAPLES FL 34109
्राकृति स्थापने स्थापना कर्त्र में प्रति । विस्ता स्थापना स्थापना । स्थापना स्थापना स्थापना स्थापना स्थापना स् ति स्थापना स्थ	The model of the control of the cont
(b) Enter name of <b>NEW Registered Agent</b> and	/or NEW Registered Office address:
NEW Registered Agent:	DIANNA H. ASHTON, INC.
NEW Registered Office Address:	430 STATE ROAD 436 SUITE 236
MUST BE FLORIDA STREET ADDRES	CASSELBERRY ,FL 32707
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability c	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
Signature of a member or authorized representative of a member	<del></del>
CHRISTINE SEAGER	The second of th
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or if this document is being file address, I hereby confirm that the limited liability of Carlo All Manager.	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for indicate the desired agent as provided for indicate the desired achange in the registered office company has been notified in writing of this change.
Signature) of Registered Agent DIANNA H. ASHTON	

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