103000000000

(Requestor's Name)		
(Address)		
(183.44-)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Cartifical Carriers Cartification of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



500161442685

10/09/09--01038--002

**25.00



T. CLINE

OCT - 9 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2009

CAROL ANDERSON 311 FLAMINGO DRIVE WEST PALM BEACH, FL 33401

SUBJECT: CAROL A. ANDERSON REALTY LLC

Ref. Number: L03000029605

We have received your document for CAROL A. ANDERSON REALTY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 109A00032583

COVER LETTER

Division of Corporations			
SUBJECT: CAROL A ANDER	LSON REALTY LLC		
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:		
CAROL A AN DERSON Name of Person			
CAROL A. ANDERSON REAL	IY UC		
311 FLAHINGO BRIVE	SCENE AFASS		
WEST PALM BEACH, FL City/State and Zip Code			
E-mail address: (to be used for future annual report notification)	—- معلی		
For further information concerning this matter, please call:			
CAROL A . ANDELSON at (202 Name of Person 561 -	Area Code & Daytime Telephone Number - 1429 - 3626		
STREET/COURIER ADDRESS: MA Registration Section Re Division of Corporations Div Clifton Building P.O	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 ellahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$1.5	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.

1. Name of the limited liability company:	A. Anderson Roate LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	W.P.B. FL 33401
(Noie: MUSI BE SIREEI ADDRESS)	
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
8/11/2003	<u> L63000029605</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CAPOL A ANDERSON
Registered Office Address:	255 EVERNIA ST
	1507 WPB FL 3040F
	8 7
(b) Enter name of NEW Registered Agent and/or NEV	9 30 m
NEW Registered Agent:	CAROL A. ANDERSONT
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	311 FLAMINGO DRIVE
MOST BE TEXNIBITIEST ADDRESS	= FL 2340 /
If the limited liability company is not organized under the limited states of the file of	aws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s)	ical. Or, in the case of a Florida limited
of the members of the limited liability company or as other or the operating agreement of the limited liability company	wise provided in the articles of organization
111	
Signature of a member or authorized representative of a member	_
CAPOL A ANDERSON	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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