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SECRETARY OF STATES
ALLAHASSEE FLORIDA

D. BRUCE

AUG 0 9 2010

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FICIONO ES Name of Lin	otates nited Liability C	LLC Company	·
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitte	ed for filing.
Please return all correspondence concerning the	is matter to the	following:	. •
Darrell - Brock Name of Person	· :		
DARRELL BROCK ATTORNEY A	AT LAND		
400 D. Halifax Address	Av		/ Fra
Daytona beach FL 3 City/State and Zip Code	2118		10 AUG - (
E-mail address: (to be used for future annual report notif	fication)		EE: FLO
For further information concerning this matter,	please call:		25 RIBA
Cheryl Curtis a	at ( <u>386</u> )_	427 340 Code & Daytime Telepho	one Number ,
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	
Enclosed is a check for the following	amount:		
\$25 Filing Fee	\$55 Fi	ling Fee & Certifie	d 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. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 8-12:2003 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, Pisheraby 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. or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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 statules 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, 1/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.

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

Signature of Registered Agent