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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SUMMERS COMPTON WELLS

PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

MAIN OFFICE:

8909 LADUE ROAD  
ST. LOUIS, MISSOURI 63124

(314)991-4999

FAX: (314)991-2413

WWW.SCWPCLAW.COM

ILLINOIS OFFICE:

2220 S. STATE HWY 157, STE. 200  
GLEN CARBON, ILLINOIS 62034

(618)288-9800

FAX: (618)288-9850

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Direct Phone: 314-872-0350

Direct Fax: 314-872-0324

egillen@summerscomptonwells.com

October 26, 2010

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

Re: **Brandon Chase Properties LLC**  
**Our File Number: 16105-14**

To Whom It May Concern:

Enclosed please find a Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, in duplicate for filing, for the above referenced company along with a check made payable to "Secretary of State" in the amount of \$25.00 for filing fees.

Please return the filed Statement to the undersigned. If you have any questions please call me before returning the documents.

Very truly yours,



Ellen M. Gillen  
Corporate Paralegal

Enclosures  
954936\_1.DOC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brandon Chase Properties 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:

Melissa Ledbetter

Name of Person

Summers Compton Wells PC

Firm/Company

8909 Ladue Road

Address

St. Louis, MO 63124

City/State and Zip Code

egillen@summerscomptonwells.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Ledbetter

Name of Person

at ( 314 )

991-4999

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

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TALLAHASSEE, FLORIDA

# 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: Brandon Chase Properties LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ (Note: MUST BE STREET ADDRESS)

12369 Country Glen  
St. Louis, MO 63141

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ (Note: MAY BE POST OFFICE BOX)

same

9/2/2003

L03000032819

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:

Dan Bachtel

Registered Office Address:

1400 Village Square Blvd. #3-234  
Tallahassee, FL 32312

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Michelle Bachtel

NEW Registered Office Address:

7434 Heartland Circle

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32312

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.

X [Signature]  
Signature of a member or authorized representative of a member

Gilbert Dolgin, Trustee, Member

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.

X [Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00