## L03000033346

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	John	
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Office Use Only



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SECRETARY OF STATE

## COVER LETTER

Division of Corporations			
SUBJECT: BAB Developers I, LLC	* *, } y > ;		
(Name of L	imited Liai	pility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning		•	
Gary B. Leuchtman			
(Name of Person)	·	<del></del>	
(			
Beggs and Lane			
(Firm/Company)			
501 Commendencia Street			
(Address)		<del></del>	
Pensacola, Florida 32502		<u></u>	
(City/State and Zip Code)		,	
For further information concerning this matte	er, please ca	all:	
Gary B. Leuchtman	950	յ 432-2451	
(Name of Person)	at (850	(Area Code & Daytime Telephone Number)	
(, and of totall)		( new court & buy time Totephone Pamoer)	
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	g 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.

•						
1. The name of the limit	ed liability company is: B	AB Develo	pers I, LLC			
2. The mailing address of	of the limited liability comp	pany is:_				
101-A Business Centre Dr	ive, Destin, Florida 32550					
<ul><li>9/4/2003</li><li>3. Date of filing/registra</li></ul>	· · · · · · · · · · · · · · · · · · ·	-	L03000033346			
3. Date of filing/registra	tion in Florida		4. Document number			
5. The name of the regist Florida Department of	tered agent and the register State:	ed office	address as shown on the	e record	s of th	ie
•	Herman L. Neese, Jr.					
-	N	ame		•	•	
	101-A Business Centre		<u> </u>	₹.	0	
		ldress			06 A	
	Destin, Florida 32550	4 77	<u> </u>	<b>₽</b> ₹	AUG	1,1
	City, Sta	ate and Zi	IP .	<b>49</b> 7	29	7
6. The name and address	of the new registered agen	nt and/or o	office:		2	m
	Gary B. Leuchtman			- C	ΐ	-
	Nai			Z A	င္သ	
	501 Commendencia Stre			<b>&gt;</b>		
	Florida street address (F	P.O. Box	NOT acceptable)			
	Pensacola p	ւլ 3250	2			
	City, Stat	e and Zip	· · · · · · · · · · · · · · · · · · ·			•
confirmed that after the cand the business office o liability company, it is he	mpany is not organized und change or changes are made if the registered agent will be ereby confirmed that the change mited liability company or ent of the limited liability con	e, the Flo be identic nange(s) v	rida street address of the al. Or, in the case of a l vas/were authorized by	e registe Florida l an affirn	red of limited native	ffice d vote
(Signature of a member or author	orized representative of a member)		ونوس بالاناداد		i.	
WECCEPUL P (Printed or typed name of signed	L. Rossex					
I hereby accept the apportunity with the provision and I am familiar with/a Chapter 508, F.S. On it address hereby obasing (Signature of Registered Agent)	Intmen as registered ager ns affall statutes relative to nd prepept the obligations of this document is being file that the limited liability of	nt and agn the prop f my posi d to mere company i	ree to act in this capacit er and complete perfori tion as registered agent ly reflect a change in th has been notified in writ	y. I furt nance o as prov e regist ing of th	her as f my d ided f ered o iis chi	gree to luties, or in office inge.
<i>þ</i> Divisi	on of Corporations, P.O.	Box 6327	7, Tallahassee, FL 323	14		

FILING FEE: \$25.00