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

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| | • | | | |
| SUBJECT: BAB Developers VI, LLC | | | | |
| (Name o | of Limited Liability Company) | | | |
| | | | | |
| Dear Sir or Madam: | • | | | |
| The enclosed Registered Agent/Registered | d Office Change and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning | ng this matter to the following: | | | |
| Gary B. Leuchtman | • | | | |
| (Name of Person) | | | | |
| Danie and Lare | | | | |
| Beggs and Lane (Firm/Company) | | | | |
| (Firm/Company) | | | | |
| 504 O - marra and a circle of | | | | |
| 501 Commendencia Street | | | | |
| (Address) | | | | |
| Pensacola, Florida 32502 | | | | |
| (City/State and Zip Code) | | | | |
| (Chyrotate Bid 2.1p Code) | | | | |
| For further information concerning this ma | atter, please call: | | | |
| Gary B. Leuchtman | at (850) 432-2451 | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| (reality of Persons) | (ruea code a Baytime Pelephone (vanioer) | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the follow | ving 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 limite | d liability compan | y is: BAB Develo | pers VI, LLC | | | , |
|---|--|---|--|---|--|---|
| 2. The mailing address o | f the limited liabili | ity company is: | | ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· | · • · · · · | · |
| 101-A Business Centre Dri | ve, Destin, Florida 3 | 32550 | | | | |
| 9/4/2003 | | | L03000033353 | | | |
| 3. Date of filing/registration in Florida | | | 4. Document number | | | |
| 5. The name of the register Florida Department of | | registered office | address as shown of | on the record | ds of | the |
| | Herman L. Nee | ese, Jr. | | | | |
| | | Name | | | | |
| | 101-A Business | | | | | |
| | : | Address | | | | |
| | Destin, Florida 32 | | <u> </u> | | 8 | . DIV |
| | | City, State and Z | • | | AUG | isec 338 |
| 6. The name and address | of the new register | red agent and/or | office: | | JG 29 | |
| | Gary B. Leuchtm | nan - | | | | SR. |
| | 504.0 | Name | | | 01 : h Hd | 중유다 |
| | 501 Commenden | | NOT 11 | | ÷ | STA RAI |
| | Florida street add | dress (P.O. Box | NOT acceptable) | | 0 | |
| | Pensacola | FL 3250 |)2 | | | <u>rv</u> |
| | Ci | ity, State and Zip |) | | | |
| If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement | hange or changes a the registered ager reby confirmed tha nited liability comp | are made, the Flo int will be identic at the change(s) v pany or as otherv | orida street address cal. Or, in the case was/were authorize | of the regist of a Florida d by an affir | ered of limit mativ | office ed ve vote |
| Wellen PK | we_ | | • | | | |
| (Signature of a member or author | ized representative of a n | member) | | | | |
| Wtcusu H. (Printed or typed name of signee) | North | | | | | |
| I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or if addressy thereby confirm (Signature of Registered Agent) | thitment as register le different and adjusted the obliged this document is be this document is be this the limited lice | red agent and ag lative to the proj eing filed to mere ability company | ree to act in this ca per and complete p ition as registered ely reflect a change has been notified in | pacity. I fui erformance igent as pro in the regis writing of i | rther of my vided tered this c | agree to duties, for in office hänge. |

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