## - LO3000044487

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	· ; #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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2007 AUG -9 PHIZ: 56

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BRADDOCK I, LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
MELANIE DOYAL		
(Name of Person)	<del></del>	
CORPORATE DIRECT, INC. (Firm/Company)		
2248 MERIDIAN BLVD., STE. H	SECRETARY TALLAHASSE	
MINDEN, NV 89423  (City/State and Zip Code)	PHI2: 56 EE, FLORIDA	
For further information concerning this matter	er, please call:	
MELANIE DOYAL (Name of Person)	at (775 ) 782-1307	
(Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	(Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin		
	\$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.

agent, or both, in the State of	f Florida.	0 0	3,
1. The name of the limited li	iability company is:	BRADDOCK I, LLC	
2. The mailing address of the	e limited liability co	ompany is: 2248 MERIDIAN	BLVD., STE. H
MINDEN, NV 89423			
11/19/2003		L03000046687	
3. Date of filing/registration	<del></del>		
5. The name of the registered Florida Department of Sta	l agent and the registe:	stered office address as shown	
<u> </u>	ARACORP INC	CORPORATED	
2.	36 EAST 6TH A	Name VENUE	
	JO LAGI GIIIA	Address	
T	ALLAHASSEE, I		
_	City,	State and Zip	
6. The name and address of t	he new registered a	gent and/or office:	
G	ERRI DETWEIL	_ER	
		Name	
	37 GREYSTON	<del></del>	2007 SE1
ŀ	lorida street addres	s (P.O. Box <b>NOT</b> acceptable)	CRE TANG
S	ARASOTA,	FL 34232	SE I Trans
_	City, S	State and Zip	
confirmed that after the chan	nge or changes are not registered agent way confirmed that the deal liability company of the limited liability.	Carie Doyal	Florida, it is hereby of the registered office
FIDEL MORALES			
(Printed or typed name of signee)		<del></del>	
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	nent as registered of all statutes relative iccept the obligation document is being at the limited liability.	agent and agree to act in this co be to the proper and complete p ns of my position as registered filed to merely reflect a change ty company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in in the registered office muriting of this change.

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

(Signature of Registered Agent)