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Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: BOWSprit 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:			
Terri Chalaire (Name of Person)			
Chalaire and Associates, Inc			
600 Sandtree Drive, Suite 212			
Palm Beach Gardens, FL 3340 =			
For further information concerning this matter, please call:			
Name of Person) at (501) 694-0336 (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 & Certified Copy			

INHS18 (5/08)

## 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, company submits the following statement in order to change in the State of Florida.			
1. Name of the limited liability company: Bow	Sprit Properties, LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	600 Sandtree Drive, Suite 212 Palm Beach Gardens, Ft 33403		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same 1		
12 J 4 J 03  3. Date of filing/registration in Florida	L 0 3 0 0 0 0 4 9 9 8 8		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	Chalaire and Associates, In		
Registered Office Address:	Suite 206 Palm Beach Gardons, FL 33410		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Chalaire and Associates, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	GOO Sandtree Drive Suite 212 Palm Beach Gardens ,FL 33410		
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the fimited forganization or the operating agreement of the		
Terri Chalaire, managen, [Printed or typed name of signee)	Bowsprit Properties, LLC REF 33		
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.			
(Signature of Registered Agent) Director, Chalaire and Associates, Inc.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

**FILING FEE: \$25.00** 

INHS18 (05/08)