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12/03/08--01008--006 : **25.00

M. THOMAS

DEC - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 678 US 1 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:
Juseph Palenerts (Name of Person)
(Firm/Company)
728 Prado Circle
Key West F1. 33040 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at 305 304-0841 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

DITIO10 (6/00)

\$25 Filing Fee

Enclosed is a check for the following amount:

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:	618 USI LLE
2.	(a) Principal office address of limited liabil (Note: MUST BE STREET ADDRESS	
	(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BO)	
	2/11/04	L04800011239
3.	Date of filing/registration in Florida	4. Document number
5.	(a) Registered Agent and Registered Office	e shown on the records of the Florida Dept. of State:
	Registered Agent:	Mary Both Meyers
	Registered Office Address:	3201 Flader Ave. #506
		Key West, F1.33040
	(b) Enter name of NEW Registered Agent	and/or NEW Registered Office address:
	NEW Registered Agent:	Joseph P. Clements
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADD	RESS) 728 Yrado Circle Key West FL 33040
the of he lize lire (Si	at after the change or changes are made, the fice of the registered agent will be identical. The present that the change (s) was/were ability company or as otherwise provided in the mitted pability company. To seph P C Le Me rinted or typed name of signee)	T STATE PLORIDA
	hereby accept the appointment as registered imply with the provisions of all statutes relate a familiar with and accept the obligations of S. Or, if this document is being filed to mere on firm that the limited liability company has ighature of Registered Agent)	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, ly reflect a change in the registered office address, I hereby been notified in writing of this change.
/	× //	s. P.O. Roy 6327. Tallahassee, FL 32314

FILING FEE: \$25.00