## L04000012890

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J. BRYAN
MAY 1 3 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	Commercial Acquisitions, LLC  Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
Shannon Deal		
Name of Person		
Commercial Acquisitions, LLC	SECRE	
Firm/Company	SECRETARY OF STATE ALLAHASSEE. FLORIT	
925 Falling Waters Road		
Address	1: 20 STATE LORIDA	
Chipley, Florida 32428  City/State and Zip Code	<u> </u>	
City/State and Zip Code		
sdeal@dealconsulting.net E-mail address: (to be used for future annual report notif	fication)	
For further information concerning this matter,	please call:	
Shannon Deal	at ( 850 ) 544-2524	
Name of Person	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	\$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. Name of the limited liability company:	Commercial Acquisitions, LLC	
2. (a) Principal office address of limited liability com	npany: 925 Falling Waters Road	
(Note: MUST BE STREET ADDRESS)	Chipley, Florida 32428	
(b) Mailing address of limited liability company:	925 Falling Waters Road	
(Note: MAY BE POST OFFICE BOX)	Chipley, Florida 32428	
2/17/2004	L0400001289	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:	
Registered Agent:	Bob Deal	
Registered Office Address:	64 Garfield Street	
	Santa Rosa Beach, Florida 32459	
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office address:	
NEW Registered Agent:	Shannon Deal	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	925 Falling Waters Road	
	Chipley ,FL 32428	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.	
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of many Chapter 608/F.S. Or of this document is being filed to address. Thereby confirm that the limited liability complements of Registered Agent		
Division of Corporations, P.O. Bo		