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PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE

J. BRYAN

SEP 21 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: 630 SOUTH LLC						
	Name of	f Limited Liability Company				
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.				
Pleas	e return all correspondence concernin	g this matter to the following:				
	R C REID					
	Name of Person					
UNITED CORP & BUSINESS SERVIC Firm/Company		ES OF FL LLC	09 SEP 18 AM 11: 24			
		HAT	70			
	1860 82ND AVENUE SUITE	<u>: 206</u>	8			
	Address	E E E E E E E E E E E E E E E E E E E	-			
		- Till -	<u> </u>			
	VERO BEACH FL 32966	s Cot				
	City/State and Zip Code	<u> </u>	12			
	•	5				
	CARSH COEARTHI INIC N	IET				
E	CAPSLLC@EARTHLINK.N -mail address: (to be used for future annual report	t notification)				
For fu	urther information concerning this ma	itter, please call:				
	R C REID	at (772) 770-6680				
	Name of Person	Area Code & Daytime Telephone Number				
	centers/colinies appleed	MAN ING A DODGG				
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section					
Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P.O. Box 6327						
						2661 Executive Center Circle
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	ing amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR SOTH 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:	63	630 SOUTH LLC			
2. (a) Principal office address of limited liability com	pany:	: 630 SOUTH STREET			
(Note: MUST BE STREET ADDRESS)	KEYV	NEST FL 33040			
(b) Mailing address of limited liability company:		630 SOUTH STREET: 6 KEY WEST FL 33040			
(Note: MAY BE POST OFFICE BOX)	KEY V				
O6/10/2004 3. Date of filing/registration in Florida	4. Doci	L0400004405 ument number	572 72		
5. (a) Registered Agent and Registered Office shown	on the reco	rds of the Florida Dept	t. of State:		
Registered Agent:	JULIE	JULIE A GARBER			
Registered Office Address:	1010 KEY V	1010 KENNEDY DRIVE STE 201 KEY WEST FL 33040			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address:</u>	UNITE	UNITED CORP & BUS SVCS OF FL LLG			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1860 8	1860 82ND AVENUE SUITE 206			
most be the termination of the second	VERO	BEACH	,FL <u>32966</u>		
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability comp	he Florida str dentical Or	reet address of the regi	istered office		
Signature of a member or authorized representative of a member					
SUSAN MURPHY Printed or typed name of signee					
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 m Chapter 608, F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability com	nd agree to de proper and y position as merely reflepany has bee	act in this capacity. I see that the complete performance registered agent as present as the register and th	further agree to e of my duties, rovided for in ristered office of this change.		
Signature of Registered Agent					

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