

LO400000L6L6L694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

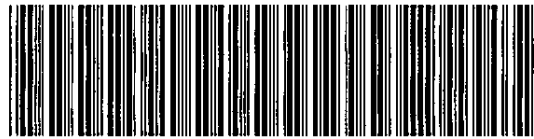
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 24 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P & D Investment 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:

David Ogburn  
Name of Person

Firm/Company

16319 Sambourne Ln.  
Address

Tampa FL 33647  
City/State and Zip Code

theogburnfamily@verizon.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Ogburn at (813) 910-0809  
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: P&D Investment Properties, LLC

2. (a) Principal office address of limited liability company: 16319 Sambourne Ln.  
☐ Tampa FL 33647  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: Same as above  
☐ (Note: **MAY BE POST OFFICE BOX**)

9/10/2004  
3. Date of filing/registration in Florida

L 04000064694  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Corp Direct Agents, Inc.

Registered Office Address:

515 E. Park Ave  
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

David Ogburn

**NEW Registered Office Address:**

16319 Sambourne Ln.

(**MUST BE FLORIDA STREET ADDRESS**)

Tampa, FL 33647

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Ogburn  
Signature of a member or authorized representative of a member

David Ogburn  
Printed or typed name of signee

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.

David Ogburn  
Signature of Registered Agent

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

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09 SEP 23 AM 11:03  
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