LOYMUTH 30

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Pusiness Entity Name)					
(business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATI
ALLAHASSEE, FLORI

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: MIKE BECK ENTERPRISE		lity Company)		
	(Name of	Limited Liabi	nty Company)		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted t	for filing	
THE C	nototed registered registered	Office Change	· and 100(b) and 50511111100	tot times	
Please	return all correspondence concerning	g this matter to	the following:		
_					
Sam	W. Boone, Jr.		_		
	(Name of Person)				
_	NA D - 1. DA			· - 1	
Sam	W. Boone, Jr., P.A. (Firm/Company)		_	07 SE(ALL	
	(i inib company)				
605 N	NE 1st ST, Suite "E"			AUG 23 CRETAE) LAHASSE	
0031	(Address)	•	•	2774	ji
	,			PM 12: OF STA E. FLOR	
Gaine	esville, FL 32601		1	Z: I	
	(City/State and Zip Code)		_	. A . 9	
	·				
For fi	orther information concerning this ma	tter, please cal	1:		
	·····	, , , , , , , , , , , , , , , , , , , ,	,		
Mike	Beck	at (352	354.5113		
	(Name of Person)	at ((Area Code & Daytime T	 Telephone Numb	er)
	,		`	•	,
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:		
Registration Section Division of Corporations			gistration Section		
		Di	vision of Corporations		
	Clifton Building		D. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Та	llahassee, Florida 32314		
	Enclosed is a check for the follow	ing amount:			
	\$25 Filing Fee	✓ \$	55 Filing Fee & Certified	Сору	

INHS18 (8/05)

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.

agent, or both, in the Bi	are of Fromua.		
1. The name of the lim	ited liability company is:	Mike Beck Enterprises, LLC	
2. The mailing address	of the limited liability cor	mpany is: 25209 SW 17th Avenu	ue, Newberry, FL 32669
10/12/2004	· .	104000074	130
3. Date of filing/registr	ration in Florida	4. Document numb	per
5. The name of the regi Florida Department		ered office address as shown on	the records of the
-	Corporate Creations	Network, Inc.	
	<u></u>	Name	•
	11380 Prosperity Farm	ns Road #221E	
,	T A	Address	,
•	Palm Beach Gardens,		O7 AL
	City, S	State and Zip	59 ≥ T
6. The name and address	ss of the new registered ag	ent and/or office:	AUG 23 CCRETARY LAHASSE
	Mike Beck		
	N	lame	
	25209 SW 17th Avenu	le	PH 12: 19 OF STATE E. FLORIO
	Florida street address	(P.O. Box NOT acceptable)	PH 12: 19 OF STATE E. FLORIDA
	Newberry	FL 32669	
	City, St	ate and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	change or changes are ma of the registered agent will hereby confirmed that the		f the registered office f a Florida limited by an affirmative vote
(Printed or typed name of sign	nee) SECK		
I hereby accept the ap comply with the provisi and I applamiliar with Chapter 1008, F.S. Or, address, I hereby confi	pointment as registered ag ions of all statutes relative and accept the obligations if this document is being f rm that the fimited liability	gent and agree to act in this cap to the proper and complete per s of my position as registered as iled to merely reflect a change i y company has been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.

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