L04 0000 79335

John Simpson 450 S. mills River Rd (Address) Horse Shoe NC 28742 (City/State/Zip/Phone #)	900059011469
PICK-UP WAIT MAIL (Business Entity Name)	ŋ9/01/USÛ1U11OUZ **25.U
(Document Number) Certified Copies Certificates of Status	····
Special Instructions to Filing Officer:	FILED 2005 SEP - 1 AM 8: 16 2017 JON OF CORPORATIONS TALLAHASSEE, FLORIDA

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Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\overset{\bigstar}$

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 state of Floriaa.
1. The name of the limited liability company is: Bethel Road Associates, L.L.C.
2. The mailing address of the limited liability company is: 248 Three Islands
Dlud. #303, Hallandale FL 33009
Nov. 2, 2004 L04000079335
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Hallandale FL 33009
6. The name and address of the new registered agent and/or office:
James N. Gordon To To To To
Florida street address (P.O. Box NOT acceptable)
Flagler Beach FL 32136 City, State and Zip
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. (Signature of a member or authorized representative of a member) 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 inchapter 608. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
KUI / /

FILING FEE: \$25.00

KATER (10/99)