L04000091893

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C. LEWIS

AUG 2 0 2010

EXAMINER

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a de la companya de l	COVER LETTER		
	OVER HETTER		
TO: Registration Section Division of Corporations			
SUBJECT: L.B.L.			
Name o	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 concernir	g this matter to the following:		
·			
Diborah K. Conna	m.0.		
Name of Person			
LaBhin frame Ll			
Firm Company			
1550 Fuller Drive			
Address			
City/Size and Zip Code	5 25E 5		
City/State and Zip Code			
E-mail address: (to be used for future annual repor	notification)		
For further information concerning this ma	-		
	350 - 261 - 7791 (wee)		
Debard K. Connon	at (314)288 9053 (cell)		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

JNHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 60 liability company submits the following stagent, or both, in the State of Florida.	8.416 or 608.50 atement in order	8, Florida Statutes, 10 change its registe	the undersigned limited red office or registered
1. Name of the limited liability company:	La Bahia	Lease, LL	<u> </u>
2. (a) Principal office address of limited li		1550 Falls	12 1-1 31523
(Noie: MUST BE STREET ADD)	ress)	Present	mante Creb
(b) Mailing address of limited liability	ompany:	· · · · · · · · · · · · · · · · · · ·	
(Note: MAY BE POST OFFICE	3 <i>0X</i>)	903 Gardon	Ed 32704
	-	_	_
3. Date of filing/registration in Florida	4	L04000091 Document number	013
5. (a) Registered Agent and Registered O	ffice shown on th	e records of the Flori	da Dept. of State:
Registered Agent:	_		un Ir
Registered Office Address:	_	226 P. La	Piace
	-		-1 32307
(b) Enter name of NEW Registered Ag	ent and/or NEW	Registered Office a	<u>ddress</u> :
NEW Registered Agent:	_	BAY O. EThe	ridge
NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESSI	RAY O. EThe 908 Gardengas	e Cirale
		Rensacola	FL 32504
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability comport the operating agreement of the Rmited liability.	re made, the Fig nt will be identic at the change(s) v any or as otherw	rida street address of al. Or, in the case of was/were authorized b	the registered office a Florida limited by an affirmative vote
Signature of a member or authorized representative of a n	ember		
	Mis.		
Printed or typed name of signee	ad agant and ag	ree to act in this cope	city. I further agree to
I hereby accept the appointment as registed comply with the provisions of all statutes reand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is baddress, I hereby confirm that the limited it	lative to the prop ations of my posi eing filed to mere ability company	er and complete pertion as registered ag tion as registered ag tily reflect a change in has been notified in w	ormance of my duties, ent as provided for in the registered office writing of this change.
Signature of Registered Agent			THE PER T
Division of Corporation Figure (105/08)	s, P.O. Box 632 LING FEE: \$25		ZIIII AUG 19 TH TALLLAHASSEE
			Do a