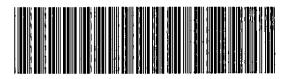
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TO:

Registration Section

## **COVER LETTER**

Division of Corporations Early Properties, LLC **SUBJECT:** 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: Sue W. Early Name of Person Early Properties, LLC Firm/Company P.O. Box 40 Address Sopchoppy, FL 32358 City/State and Zip Code swearly@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sue W. Early 850 Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 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:	Early Properties, LLC	
2. (a) Principal office address of limited liability compar	ny:	
(Note: MUST BE STREET ADDRESS)	2139 Delta Blvd. Tallahassee, FL 32303	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	P.O. Box 40 Sopchoppy, FL 32358	
12/28/2004	L04000093710	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Detector	e:
Registered Agent:	E. Gary Early	73
Registered Office Address:	2618 Centennial Place Tallahassee, FL 32308	LED
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :		3: 2: 2:
NEW Registered Office Address: 2139 Delta Blvd.		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL323	03
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member.	Florida street address of the registered of ntical. Or, in the case of a Florida limite s) was/were authorized by an affirmative erwise provided in the articles of organiz	ffice d
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compassions of Registered Agent	agree to act in this capacity. I further a proper and complete performance of my o position as registered agent as provided j perely reflect a change in the registered o ny has been notified in writing of this ch	gree to luties, or in office ange.

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