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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPERATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Devereux Linited Liability Company 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:		
Kevin B. Kynerd		
Name of Berson Name of Berson Linifed Liability Company Firm/Company		
+. O. BOX 660491		
Brownsham AL 7-266		
City/State and Zip Code KBKO & Cado d & Louding. Om E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: hevin 15. kynerd at (205) 410-5800		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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 608.3 liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company:	oux amijed asing company
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	615 Green wich Circle
* ***	Birmingham, AC 35245
(b) Mailing address of limited liability company:	10/0/0/
(Note: MAY BE POST OFFICE BOX)	12.8. BOX 660791
12/20/2014	Birmingham, AC 35266
12/28/2004	L04000093958
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the jecords of the Florida Dept. of State:
Registered Agent:	Kevin B. Kynerd
Registered Office Address:	1050 Highway 98 Unit 1406
	9 55
(b) Enter name of NEW Registered Agent and/or NE	
	Kevin B. Kynerd &
NEW Registered Agent:	016 (F - 1 / 3 990)
<u>NEW</u> Registered Office Address: (MUST BE-FLORIDA STREET ADDRESS)	THY CITEGUOVE COOP
D.H.	Panama City ,FL 33412
If the limited hability 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 F and the business office of the registered agent will be iden	tical. Or, in the case of a Florida limited
liability company) It is hereby confirmed that the change(s of the members of the united liability company or as othe or the openance igreement of the limited liability company	was/were authorized by an affirmative vote rwise provided in the articles of organization
or the open and a light green and the limited liability company	y.
Signature of a member of authorized representative of a member	_
Kent B. Krnerd	
Printed of yped of me of signee	_
I heredy accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am San flar with and accept the obligations of my po Chapten 168 I.S. Or If this document is being filed to me address I have by confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, opinion as registered agent as provided for in
Chapter 118 F. Or If this document is being filed to me address I have by confirm that the limited liability compan	erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	