## L050000006321

7

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
AUG <b>2 5</b> 2010			
EXAMINER			

600184535186

08/23/10--01017--004 \*\*25.00

ZOID AUG 23 PM 2: 55

Office Use Only

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJECT: ENC Properties LLC				
	Name of	Limited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted f	or filing.	
Please	e return all correspondence concerning	this matter to the following:		
	Lynda Ferland			
	Name of Person		7. 2	
			ALLAHA ALCAES	
	ENC Properties LLC		45 G	
	Firm/Company		23	
			701	
	631 US Hwy One, Suite 3	7		
	Address		\$ 5 S	
			Carry Oil	
	North Balm Bosch, El. 334	10		
North Palm Beach, FL 33408  City/State and Zip Code				
	c.i.j. z.a.c a.i.d z.j.p code			
	llf@aburnette.com			
Ē	llf@gburnette.com mail address: (to be used for future annual report	notification)		
For fu	rther information concerning this ma	er, please call:		
	Lynda Ferland	at ( <u>561</u> ) <u>845-6297</u>		
	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 follow	ng amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified C	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.

Name of the limited liability company:	ENC Properties LLC			
2. (a) Principal office address of limited liability company	y: ENC Properties LLC			
(Note: MUST BE STREET ADDRESS)	631 US Hwy One, Suite 307 North Palm Beach, FL 33408			
(b) Mailing address of limited liability company:	ENC Properties LLC			
(Note: MAY BE POST OFFICE BOX)	631 US Hwy One, Suite 307 North Palm Beach, FL 33408			
01/20/2005  3. Date of filing/registration in Florida	L0500006321 4. Document number			
5. Due of mingregistration in Profita	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	EDWARDS, MICHEAL A			
Registered Office Address:	631 U.S. HWY ONE Suite 307			
	North Palm Beach, FL 33408 ~			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address				
NEW Registered Agent:	Lynda Ferland			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	631 US Hwy One Suite 307 North Palm Beach Suite 307 North Palm Beach			
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				
Micheal A. Edwards Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, thereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, pition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			

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