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(Requestor's Name)	
,	
(Address)	
77.11	
(Address)	
(City/State/Zip/Phone #)	
(Only, Statistization in)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

SEP 14 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

1.7 85 N

TO: Registration Section Division of Corporations		
SUBJECT: Richard Bowden, LLC		
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:		
Mickey R.E. Barkett, Fsquire, J#855		
Mickey R.E. Barkett, Esquire Annual Name of Person		
Firm/Company		
201 Fact Ding Street Suite 215		
201 East Pine Street, Suite 315 Address		
Orlando, Florida 32801		
City/State and Zip Code		
mbarkett@barkettlaw.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mickey R.E. Barkett, Esquire at (200407) 447-9407		
Name of Person Area Code & Daytime Telephone Number		
OTDERT/COURIED ADDRESS MAILING ADDRESS		
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 608.508, 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:	Richard Bowden, LLC	
2. (a) Principal office address of limited liability company	<i>/</i> :	
(Note: MUST BE STREET ADDRESS)	2614 North Tamiami Trail PMB 203 Naples, FL 34103	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	2614 North Tamiami Trail PMB 203 Naples, FL 34103	
01/21/2005	L05000010602	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Mickey R.E. Barkett, Esquire	
Registered Office Address:	201 East Pine Street, Suite 315 Orlando, Florida 32801	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Mickey R.E. Barkett, Esquire	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 East Pine Street, Suite 315	
	Orlando ,FL32801	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of amender or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my por Chapter 608 f.S. Or, if this apparent is being filed to me address. I hereby confirm that the limited liability company Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida inject was/were authorized by an affirmative of wise provided in the articles of organization	

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