## L05000013528

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03/04/15--01007--008 \*\*25.00

SECRETARY OF CIAIC DIVISION OF CORPORATIONS

12.15

## \*\* COVER LETTER

TO: Registration Section  Division of Corporations				
SUBJECT: B&S / N Terwa Fronce L. 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:				
Robert J. Gehl Name of Person				
B + S Insternal, LLC Firm/Company				
6549 Gulf of Mexico DR Address				
Long bout Key, FL. 34228  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ROBERT GCHL at (941) 962-2774				
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 \$\overline{\Omega}\$ \$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 605.0114 or 605.0116, 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. N	ame of the limited liability company:	ational, LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3. 5. (a	O2/O 9/2005  Date of filing/registration in Florida  4.  VASH, DALE W  Registered Agent and Registered Office shown on the records of the Florida Dept.	Document number  of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  501 E KENNEDY BLUD STE  THMPH ,FL 3360  SHARON J GCHL  Enter name of NEW Registered Agent and/or NEW Registered Office address:  6549 Gulf of Mexico DR  NEW Registered Office Address:	∪ici;
the chagent was/w the ar Sign I herr provisithe obtoo to me notific	limited liability company is not organized under the laws of the State range or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability company were authorized by an affirmative vote of the members of the limited liability company were authorized by an affirmative vote of the members of the limited liability.  The limited liability of a member of a member library accept the appointment as registered agent and agree to act in the scients of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter reflect a change in the registered office address, I hereby confirmed in writing of this change.  The of Registered pent	of Florida, it is hereby confirmed that after d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  SEDT GALL  Printed or typed name of signee