

JAN 28, 2008 10:25 AM
Division of Corporations

JONES FOSTER JOHNSTON & STUBBS

NO. 504

P. 1

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Florida Department of State
Division of Corporations
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(((H08000022557 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

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REGISTERED AGENT CHANGE

THUNDERHORSE INVESTMENT MANAGEMENT, LLC

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1/28/2008

EXAMINER

JAN.28.2008 10:23AM JONES FOSTER JOHNSTON & STUBBS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THUNDERHORSE INVESTMENT MANAGEMENT, 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:

THORNTON M. HENRY, ESQ.

(Name of Person)

JONES FOSTER JOHNSTON & STUBBS P.A.

(Firm/Company)

505 SOUTH FLAGLER DRIVE, SUITE 1100

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

DOMINIQUE A. PAYTON, CLAS at (561) 650-0427

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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01/28/2008 13:57 850-245-6897
JONES FOSTER JOHNSTON & STUBBS

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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. The name of the limited liability company is: THUNDERHORSE INVESTMENT MANAGEMENT, LLC

2. The mailing address of the limited liability company is: _____

224 DATURA STREET, SUITE 1214, WEST PALM BEACH, FL 33401

02/11/2005

L05000014917

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BLUMBERGEXCELSIOR CORPORATE SERVICES INC.

Name

4435 OLD WINTER GARDEN ROAD

Address

ORLANDO, FL 32811

City, State and Zip

6. The name and address of the new registered agent and/or office:

JONES FOSTER SERVICE, LLC

Name

505 S. FLAGLER DRIVE, SUITE 1100

Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH FL 33401

City, State and Zip

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.

Mortimer F. Curran
(Signature of a member or authorized representative of a member)

MORTIMER F. CURRAN
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. If this document is being filed to merely reflect a change in the registered office address, I hereby affirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

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