205000016873

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documer	t Number)	
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Certified Copies	Jertificates of S	tatus
		
Special Instructions to Filing (Officer:	
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		}

Office Use Only



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03/01/06--01026--020 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS





March 2, 2006

DAVID J. LALONDE 10088 BOYNTON PLACE CIRCLE BOYNTON BEACH, FL 33437

SUBJECT: DAVCO PROPERTIES, LLC

Ref. Number: L05000016873

We have received your document for DAVCO PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 006A00014691



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2006

DAVID J. LALONDE 10088 BOYNTON BEACH PLACE CIRCLE BOYNTON BEACH, FL 33437

SUBJECT: DAVCO PROPERTIES, LLC

Ref. Number: L05000016873

We have received your document for DAVCO PROPERTIES, LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and return your check along with this document in order to complete your filling.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00018862

2006 APR -4 PH 12: 42

COVER LETTER

TO: Registration Section Division of Corporations	'	
SUBJECT: PAYCO PROP	ERTIES LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted fo	or filing.
Please return all correspondence concerning	; this matter to the following:	
DAVID J. LALONDE (Name of Person)	<u> </u>	
DAVCO PROPERTIES L	. <u></u>	OIVISION 2006 APR
10088 BOYNTON PLACE (Address)	CIRCLE	DIVISION OF CORPORATION
BOYNTON BEACH FL 3 (City/State and Zip Code)	3437	Alle H
For further information concerning this mate	ter, please call:	
SUZANNE SPAIN (Name of Person)	at (561) 588-9176 (Area Code & Daytime Tel	lephone 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 followi	ng amount: You HAVE IT	\$35 ™
\$25 Filling Fee	\$55 Filing Fee & Certified Co	opy

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 bolh, in the State of Florida.

2. The mailing addre	ess of the limited liability	company is: 10088 BOSNTON P	<u></u>
CARCLE, BO	UNTON BEACH,	FL 33437	
2/14/05		L0500016873	,
3. Date of filing/regi	stration in Florida	4. Document number	
5. The name of the re Florida Departmen	Accupay S	istered office address as shown on the re- Name EASITY DR STE 3000	cords of the
	· · · · · · · · · · · · · · · · · · ·	Address 333 2 9	
	DAVIE PL	y, State and Zip	200
6. The name and add	ress of the new registered	agent and/or office:	DIVISION OF APR
	DAVID J. L	ALONDE	- -
	1 - 4 - 7	Name	₽ <u>₹</u>
		TON PLACE CIRCLE	PH 12:
	Florida street addre	ess (P.O. Box NOT acceptable)	A A A A A A A A A A A A A A A A A A A
	BOUNTON BEA	CH FL 334-37	4.2
	City	State and Zip	

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)

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Signature of Registered Agent)

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