

L05000039151

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bearwallow, 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:

William C. Felkel

Name of Person

Bearwallow, LLC.

Firm/Company

Box 2732

Address

Winter Park FL 32790

City/State and Zip Code

b.felkel@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Felkel

Name of Person

at (407) 782-1725

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

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: Bearwallow, LLC

2. (a) Principal office address of limited liability company: _____

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(Note: **MUST BE STREET ADDRESS**)

635 Maiden Lane
WINTER PARK FL 32789

(b) Mailing address of limited liability company: _____

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(Note: **MAY BE POST OFFICE BOX**)

Box 2732
WINTER PARK FL 32790

JAN. 21 2009
3. Date of filing/registration in Florida

L05000039151
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Felkel, William C.

Registered Office Address:

2219 VENETIAN WAY
WINTER PARK FL 32789

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

635 MAIDEN LN
WINTER PARK
FL 32789

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.

William C. Felkel
Signature of a member or authorized representative of a member

WILLIAM C. FELKEL
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.

William C. Felkel
Signature of Registered Agent

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

FILED
2009 NOV 16 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA