## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Tor

Division of Corporations

redmuk kai

: (850)617-6383

From:

Account Name

1 DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. .

Account Number : 076077001702

Phone Fax Number 1 (407) 841-1200 at : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tcarmil308@aol.com

## LLC REGISTERED AGENT CHANGE SHORT IRON, LLC

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## 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	Name of the limited liability company: Short Iron,	LLC	
	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	4437 Reseda Way		4437 Reseda Way
	Rockledge, FL 32955		Rockledge, FL 32955
	05/16/2005	\	L05000048679
3,	Date of filing/registration in Florida	4.	Document number
5. (a	Dean Mead Services, LLC		
	Registered Agent and Registered Office shown on the records  Registered Office Address (MUST BE FLORIDA STRE	<u></u>	
	Viera	FL 32940	MAR 2
		, 4°10	The second second
(b)	)		
	Enter name of NEW Resistered Agent and/or NEW Register	red Office addi-	10 Co
	NEW Registered Office Address:	<del></del>	
	420 S. Orange Avenue, Suite 700		
	Orlando	FL_32801	
the ch agent was/v	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regist d liability con us of the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
ے_	of Control	Terry G. Carmichael	
_	orden of a member or authorized representative of a member		Printed or typed name of signee
I heri provis the ob- to mei notifie	eby accept the appointment as registered agent and cions of all statutes relative to the proper and complifications of my position as registered agent as proved y reflect a change in the registered biffice addressed in writing of this change. DEAN MEAD SERVICES, are a Registered Agent	agree to act i ele performa lded for in Ci i, I hereby coi , LLC	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been
Signat	ure of Registered Agent en R. Looney, Vice President of Sole Member		
1	Division of Corporations P.C	O. Box 63274 G FEE: \$25.0	

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