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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BTH Property Consultation (Name of	ants, LLC 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	g this matter to the following:
Deanna M. Roy	
(Name of Person)	
Advanced Financial Services, In (Firm/Company)	nc.
25 Enterprise Center, Suite 200	·
(Address)	
Middletown, RI 02842	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Deanna M. Roy	at (401) 846-3100 ext. 3404
(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 follow	ing amount:
	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2007

DEANNA M. ROY ADVANCED FINANCIAL SERVICES INC. 25 ENTERPRISE CENTER, STE. 200 MIDDLETOWN, RI 02842

SUBJECT: BTH PROPERTY CONSULTANTS, LLC

Ref. Number: L05000064887

We have received your document for BTH PROPERTY CONSULTANTS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Letter Number: 107A00007293

Leslie Sellers Document Specialist

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.

agent, or oom, in the sit	•	_		
1. The name of the limi	ited liability company	is: BTH Property Consultants, LI	<u>_C</u>	
2. The mailing address	of the limited liability	y company is : <u>P.O. Box 897, Ta</u>	mpa, FL 33601-0897	
06/29/2005		L05000064887		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regis Florida Department o	stered agent and the re	egistered office address as shown	on the records of the	
. ,	R. James Rob			
	404 E - 117	Name		
	101 East Kenne	edy Blvd., Suite 3700 Address		
	Tampa, FL 336		_ =	
		ity, State and Zip	SE IVIS	
6. The name and addres	s of the new registere	d agent and/or office:	SION OF	
CT Corporation S		ı System	THE COLUMN	
	1203 Governors	Name S Square Boulevard, Suite 10 ress (P.O. Box NOT acceptable)	OF STATE PH 1: 30	
	Tallahassee	FT. 32301	*n	
		y, State and Zip		
confirmed that after the and the business office of liability company, it is h	change or changes ar of the registered agen sereby confirmed that	red under the laws of the State of le made, the Florida street address t will be identical. Or, in the case the change(s) was/were authorize any or as otherwise provided in the ility company.	of the registered office of a Florida limited ed by an affirmative vote	

Deanna M. Roy

(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 auties, 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.

LAUFEN H. KRECKLIAN

(Signature of Registered Agent) SPF

(Signature of a member of authorized representative of a member)

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