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EXAMINER



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## **COVER LETTER**

**Division of Corporations BOLIVIA F.E.M., LLC SUBJECT:** 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: Gary Capuano Name of Person Firm/Company P. O. Box 3492 Ponte Vedra, FI 32004 City/State and Zip Code gecapuano@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Capuano Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered		
1. Name of the limited liability company:	BOLIVIA F.E.M., LLC		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)	827 Tournament Rd.		
(b) Mailing address of limited liability company:	Ponte Vedra, FI 32082		
(Note: MAY BE POST OFFICE BOX)	P. O. Box 3492 Ponte Vedra, Fl 32004		
09/15/2005	L05000091056		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Gary Capuano		
Registered Office Address:	530 E Central Blvd Ste 1601 — Orlando, Fl 32801		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address 25			
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	827 Tournament Rd Ponte Vedra ,FL32082		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization		
Gary Capuano	<del>_</del>		
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.		

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

Signature of Registered Agent