## 606000012882

· (Re	questor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number)	•
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Central Florida Land Trustee, LLC	
(Name of Limite	ed 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 r	matter to the following:
Regina Spaeth	•
(Name of Person)	<del></del>
SmallBiZ Agents, LLC	
(Firm/Company)	
• •	
P.O. Box 13092	
(Address)	
Tucson, AZ 85732	
(City/State and Zip Code)	<del> </del>
For further information concerning this matter, pl	lease call:
	LAS SE
Tan Bess at	520-326-5033
	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS:  Pril 12: 35
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section 35
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following an	
raciosed is a check for the inhowing an	NOUNE:

## 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.

	- oj i vortuar	_			
1. The name of the limite	ed liability compan	y is: Centra	al Florida Land Trustee, LLC		
2. The mailing address of	f the limited liabili	ity company	/ is :		
2201 NW CORPORATE BLV	VD. SUITE 200 BOO	CA RATON	FL 33431		
02-03-2006			L06000012882		
3. Date of filing/registrati	ion in Florida	<del></del>	4. Document nur	nber	1, , , , , , ,
5. The name of the register Florida Department of S	State:	•	office address as shown of	on the records o	f the
	SMITH, JOHN			-	
	2201 NW CORPOR	Name ATE BLVD.			
		Addre	SS	•	
	BOCA RATON		FL 33431		
		City, State a	and Zip	•	
6. The name and address of	of the new register	ed agent an	d/or office:	17AL1	
	SmallBiZ Agents	, LLC		CRET SEP	دستون الاستون الاستون
		Name		気禁 言	il E
	4244 W. Tennessee S	Street #185			1
	Florida street ad	dress (P.O.	Box NOT acceptable)	PHI2: 35 FE, FLORIDA	Vana"
	Tallahassee	FL_	32304	25 S	
	Ci	ity, State an	d Zip	-	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the operating agreement of the company of the limited the operating agreement of the operation of the limited that the operation are member or authority of the limited that the operation of the limited that the li	nange or changes a the registered ager by confirmed that d liability compan f the firmed liabil	are made, the new will be idented to the change of the change of the change of the company of th	e Florida street address lentical. Or, in the case e(s) was/were authorized	of the registered of a Florida lim d by an affirmat	l office ited ive vote of
(Printed or typed hance of signee)	dson				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registers of all statutes reld accept the obligation is being that the limited lice	ed agent an lative to the ations of my ing filed to ability comp	nd agree to act in this ca proper and complete po position as registered of merely reflect a change pany has been notified in	pacity. I further erformance of m agent as provide in the registere a writing of this	r agree to vy duties, vd for in vd office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(8/05)

**FILING FEE: \$25.00**