## L06000032400

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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE
ALASSEE FI DRID.

J. BRYAN

AUG 28 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
			nancial Services, LLC nited Liability Company		
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered	Office (	Change and fee(s) are	e submitted for filing.	
Pleas	e return all correspondence concerning	ng this m	atter to the following	<b>g:</b>	
	Christopher Burns				
	Name of Person				
	Burns Financial Services, I	<u>LC</u>		SEC TALL	
	1912 Nebraska St.  Address  Orlando, FL 32803			D9 AUG 27 AM 11: 30 SECRETARY OF STATE ALLAHASSEE, FLORID	
**	City/State and Zip Code	1		Þ	
	cburnsuf@hotmail.com E-mail address: (to be used for future annual repor further information concerning this ma				
	Christopher Burns Name of Person	at (_	407 ) Area Code & Day	927-5544 vtime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, Florid	on rations	
	Enclosed is a check for the follow	ing amo	ount:		
	\$25 Filing Fee		\$55 Filing Fee	& Certified Copy	

TO:

## 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.

Name of the limited liability company:	Burns Financial Services, LLC
2. (a) Principal office address of limited liability co	mpany: Burns Financial Services, LLC
(Note: MUST BE STREET ADDRESS)	1912 Nebraska St. Orlando, FL 32803
(b) Mailing address of limited liability company:	Burns Financial Services, LK
(Note: MAY BE POST OFFICE BOX)	1912 Nebraska St. Orlando, FL 32803
3/28/06	L06000032400
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:
Registered Agent:	Christopher Burns
Registered Office Address:	305 Douglas Ave. Altamonte Springs, FL 327
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	OR DE
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	
	<u>Orlando</u> ,FL <u>32803</u>
If the limited liability company is not organized undo confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the characteristic of the members of the limited liability company or as or the operating agreement of the limited liability co	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization
Christopher Burns	
Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ompany has been notified in writing of this change.
Signature of Registered Agent	•

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