## 06000004754

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SECRETARY OF STATE
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J. BRYAN

OCT 12 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section **Division of Corporations CONCH HOUSE 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: LORRAINE MACLEOD Name of Person Firm/Company 14020 Summersville Place Address Davie, FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lorraine MacLeod 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 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

## 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:	Conch House LLC
2. (a) Principal office address of limited liability company	14020 Summersville Place
(Note: MUST BE STREET ADDRESS)	Davie, FL 33325
(b) Mailing address of limited liability company:	14020 Summersville Place
(Note: MAY BE POST OFFICE BOX)	Davie, FL 33325
6/19/2006	L06000064754
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. State
Registered Agent:	Charles Wesockes CPA
Registered Office Address:	2131 Hollywood Blvd., STE 207
NEW Registered Agent:	Lorraine Mac Leod
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14020 Summersville Place Davie, FL 33325,FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Localize Mac Lood  Signature of a member or authorized representative of a member	
Lorraine Mac Leod Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Lovani mar mod	

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

Signature of Registered Agent