LD6000069009

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

A. LUNT

MAY 1 2 2009

EXAMINER

Office Use Only



200155657552

05/08/09--01008--024 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations	
SUB.		od Steward Investments
	Name of	f Limited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concernin	g this matter to the following:
	Randy Roberson	
•	Name of Person	700 TA
	Good Staward Investmen	2009 MAY II PM 12: 45 SECRE LARY OF STATE TALLAHASSEE. FLORID
	Good Steward Investmen Firm/Company	AS:
	· miz company	HASE T
	7871 Sycamore Drive	
	Address	PM12: 45 SEE, FLORIDA
) A
	New Port Pichov El 346	54
	New Port Richey, FL 346 City/State and Zip Code	
	city/oute and 21p code	
F	randyroberson@fastem.co	omtnotification)
-		
For fi	urther information concerning this ma	itter, please call:
	_	•
	5-1-51	
	Randy Roberson	at (727) 207-6968
	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 follow	ing amount:
	\$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.

1. Name of the limited liability company:	Good Steward Investments
2. (a) Principal office address of limited liability comp	any:
(Note: MUST BE STREET ADDRESS)	7871 Sycamore Drive New Port Richey, FL 34654
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
7/12/2006	L06000069009
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	Randy Roberson
Registered Office Address:	16824 Midsummer Ln
•	Spring Hill, FL, 34610 mo To III
(b) Enter name of NEW Registered Agent and/or N	코스 -
NEW Registered Agent:	
NEW Registered Office Address:	
(MUST BE FLORIDA STREET ADDRESS)	7871 Sycamore Drive
	New Port Richey ,FL 34654
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability or as of the limited liabi	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
Randy Roberson	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	

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