(Re	equestor's Name)	
	•	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
		
(B (usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	(L)	M
	+	<i>Y</i>
_		
RH Change		
,	Office Use On	ly



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10/30/06--01023--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: 1818 East Robinson LLc		
(Name of I	Limited Liability Company)	
•		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Jason Black		
(Name of Person)		
Main Street Realtors		
(Firm/Company)		
40	•	
401 Main Street, Suite B		
(Address)		
Windermere, FL 34786		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
·	•	
Jason Black	_ at (407) 253-4400	
(Name of Person)	(Area Code & Daytime Telephone Number)	
,		
CEDERAL COMPUED ADDRESS	M. W. Dan I. Dan Dang	
STREET/COURIER ADDRESS: Registration Section		
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	ng 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.

go, o. oo, s.a o, 1 .o	
1. The name of the limited liability co	ompany is: 1818 East Robinson LLC
2. The mailing address of the limited	liability company is : C/O Jason Black and Main Street Realtors,
401 Main Street, Suite B, Windermere, F	-L 34786
9/14/2006	L06000090104
3. Date of filing/registration in Florid	4. Document number
5. The name of the registered agent ar Florida Department of State:	nd the registered office address as shown on the records of the
Jason Bla	ck
	Name
1818 E. Ro	
	Address 75 8
Orlando, F	Address L 32803 City, State and Zip
	egistered agent and/or office:
6. The name and address of the new re	State of the state
Main Street	Associates, Inc. d/b/a Main Street Realtors
	Name ORA 5
<u>401 Main S</u>	treet, Suite B 음류 &
Florida str	reet address (P.O. Box NOT acceptable)
Windermen	e _{FL} 34786
	City, State and Zip
confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm	organized under the laws of the State of Florida, it is hereby inges are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited ned that the change(s) was/were authorized by an affirmative vote y company or as otherwise provided in the articles of organization ted liability company.
(Signature of a member or authorized representati	ve of a member)
(Printed or typed name of signee)	·
I hereby accept the appointment as recomply with the provisions of all status and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, thereby confirm that the limits (Signature of Registered Agent)	egistered agent and agree to act in this capacity. I further agree to ites relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided dutien it is being filed to merely reflect a change in the registered office ited liability company has been notified in writing of this change.

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