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## **COVER LETTER**

Division of Corporations			
SUBJECT: Chaos Properties (Name of Limited)	Liability Company)	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for fi	ĭling.	
Please return all correspondence concerning this mat	ter to the following:		
Tames Southworth (Name of Person)  Chaos Properties UCC (Firm Company)			
32 Burning Sands La.  (Address)  Palm Coast F2 32/  (City/State and Zip Code)			
For further information concerning this matter, please	e call:	DF 25	
Richard Whi Haker at (3) (Name of Person)	(Area Code & Daytime Telepl	_ hone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	nt:		
回\$25 Filing Fee	355 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.

1. The name of the limited liability company is: Chaos Properties LLC.
2. The mailing address of the limited liability company is:
32 Burning Sands Lave Palm Coast FL 32/3,7
32 Burning Sands Lave Palm Coast FL 32/3.7 11/20/2006 L 0 6000112191
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
On Ida Demers
_3 Z Burning Sands Lane
Address
Palm Coast F2 32137 City, State and Zip
6. The name and address of the new registered agent and/or office:
James Southworth
Name  Sand Lave  Florida street address (P.O. Box NOT acceptable)
Valm Coast FL 32131
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Mrs M
(Signature of a member or authorized representative of a member)
James Dovns
[Printed or typed name of signee]  Liberally accept the appointment as registered agent and agree to act in this canacity. I further agree to
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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