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DIVISION OF CORPORATIONS
OF OCT 29 PH 2: 39

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COVER LETTER

Division of Corporations	
SUBJECT: BURNER &ASSOCIATES	REALTY, LLC
. (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	g this matter to the following:
Peter Jack Burner	•
(Name of Person)	
Burner & Associates Realty, LLC	OT OCT 29 PM
(Firm/Company)	9 CON CONTROL OF CONTR
4065 SW 40th Street	PORATIONS PORATIONS PORATIONS
(Address)	
Ocala, FL 34474	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Jack Burner	at (352) 867-8673
(Name of Person)	(Area Code & Daytime Telephone 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	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.

1. The name of the limited liability company is: BURNER &ASSOCIATES REALTY, LLC

1. The name of the limited liability	company is: BURNER &ASSOCIATES REALT	ry, llc	
2. The mailing address of the limit	ted liability company is : 7340 N US Highwa	y 27 Suite 101	
Ocala, FL 34482			
January 04, 2007	107000	00/29/	
3. Date of filing/registration in Flo		4. Document number	
Florida Department of State: Burner	t and the registered office address as shown Peter J Burner & Associates Realty, LLC Name US Highway 27 Suite 101 Address	on the records of the	
Ocala, F	FL 34482	- 0. VIV.	
C The 1 - 11 64	City, State and Zip	SECRET O7 OCT	
4065 SW	Name V 40th Street street address (P.O. Box NOT acceptable)	FILED STATE OF CORPORATIONS	
Ocala,	FL 34474	<u> </u>	
	City, State and Zip		
confirmed that after the change or cand the business office of the regist liability company, it is hereby confined the members of the limited liability or the operating agreement of the limited liability.		of the registered office of a Florida limited ed by an affirmative vote	
Signature of a (phember or authorized represen	Rative of a member)		
Peter Jack Burner (Printed or typed name of signee)			
	registered agent and agree to act in this contact at the contract of the proper and complete pure to be action of my position as registered nent is being filed to merely reflect a change imited liability company has been notified in the contact of the contact o	apacity. I further agree to erformance of my duties, agent as provided for in a in the registered office n writing of this change.	

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