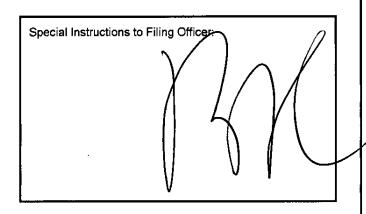
L07000002201

(Requestor's Name)			
(Address)			
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(City	/State/Zip/Phon	e #)	
PICK-UP	MAIT WAIT	MAIL	
(Business Entity Name)			
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COVER LETTER

Division of	Corporations			
SUBJECT:	THE NOBB (COMPANY.	LLC	
50 b 3EC1.		Limited Liabilit		
	(3	P
- ~	•			PAR G
Dear Sir or Madam	:			为是
The enclosed Regis	stered Agent/Registered	Office Change a	and fee(s) are submitted	for filing ?
Please return all co	rrespondence concerning	g this matter to t	he following:	OT AUG - 9 PM 2: TALLAHASSEE. FLORIDA for filingsee. FLORIDA
	Breck Brannen			
, <u></u>	(Name of Person)		_	
· Pe	ennington Law Fir	m		
	(Firm/Company)		-	
215 South	Monroe Street, 2r	nd Floor		
	(Address)		-	
				•
Tal	lahassee, FL 32301			
	(City/State and Zip Code)		-	
For further informa	tion concerning this mat	tter, please call:		
		, p		
Breck Brar	nan	at (850	, 222-3533	
	me of Person)	_ `	Area Code & Daytime	Telephone Number)
. (1101	110 01 1 013011)	(2	nou code & Buy mine	
STREET/CO Registration	OURIER ADDRESS: Section	MAILING ADDRESS: Registration Section		
Division of (Division of Corporations		
Clifton Build	-	P.O. Box 6327		
2661 Execut	ive Center Circle	Talla	hassee, Florida 32314	
Tallahassee,	Florida 32301			
Enclosed is	a check for the followi	ing amount:		
 ▼ \$25 Filin	g Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section

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.

The name of the limited liability company is: The NOBB Company, LLC
2. The mailing address of the limited liability company is : 362 Gulf Breeze Parkway, Suite 245
Gulf Breeze, Florida 32561
January 5, 2007 L07000002201
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:
Paula P. Marston
Name 105 Kathleen Court Address Tarpon Springs, Florida 34689 City, State and Zip 6. The name and address of the new registered agent and/or office: Breck Brannen
6. The name and address of the new registered agent and/or office:
Name 215 S. Monroe St. Second Floor Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.
(Signature of a member or authorized epresentative of a member)
(Printed of typed name of signee)
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 country 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

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