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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				
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J. BRYAN

MAR - 2.2012

**EXAMINER** 

## **COVER LETTER**

<b>TO:</b>	Registration Section Division of Corporations				
SUBJ	ECT:	Bibby E	nterprise	s, LLC	
	Name	of Limite	d Liability	Company	
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registere	ed Office	Change and	I fee(s) are submitted for filing.	
Please	e return all correspondence concern	ing this m	natter to the	following:	
	Martha Bibby				
	Name of Person				
	Bibby Enterprises, LL	<u>C</u>		2012 MAR -1 PM 1: 22 2012 MAR -1 PM 1: 22 TALLAHASSEE, FLORID	
	Firm/Company			AFEC THE T	-
• •	•			至 美	_
	1607 Hawks Ridge			AS AS	
	Address			A RESERVE OF THE STATE OF THE S	7
	en e	18	P 4	PH 1: 2	
	San Antonio, TX 7824			OFF.	
	City/State and Zip Code				
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	mbibby@bibbyenterprises	s com			
E	mbibby@bibbyenterprises	ort notification	on)		
For fu	rther information concerning this n	natter, ple	ase call:		
	Martha Bibby	at (	239 )	293-4518	
	Name of Person	`_	Area	Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		RAALT T	NG ADDRESS:	
	Registration Section			ation 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 follo	ving amo	ount:		
· -	\$25 Filing Fee		\$55 Fi	iling 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.

Name of the limited liability company:	Bibby Enterprises, LLC		
2. (a) Principal office address of limited liability comp	nany: 1905 Imperial Golf Course Blvd		
(Note: MUST BE STREET ADDRESS)	Naples, FL 34110		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	THE		
1/12/2007  3. Date of filing/registration in Florida	L0700000452 4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State.		
Registered Agent:	Martha Bibby		
Registered Office Address:	1905 Imperial Golf Course Blvd Naples, FL 34110		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Ann Husfeld		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	612 W Pennsylvania Ave		
MOST DE LEGRIDATSTREET ADDRESS	DeLand ,FL32724		
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 included 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 company.	e Florida street address of the registered office		
Martha Bibby	<u> </u>		
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 Signature of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		

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