1070000000208

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100110705121

10/15/07 01016 -013 **25.00

SECRETARY OF SATIONS DIVISION OF CORPORATIONS

e '4		
•	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Berkshire Asset Managem (Name of	nent, LLC f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	g.
Please return all correspondence concerning	ng this matter to the following:	
Richard Zimmerman (Name of Person)		
Berkshire Asset Management, LLC (Firm/Company)	- -	DIVISION OF CO
2733 Eleanor Way (Address)	- 	OF CORPORATIONS
Wellington, Florida 33414 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	S
For further information concerning this ma	ntter, please call:	
Richard Zimmerman	at (561) 676-2322	
(Name of Person)	(Area Code & Daytime Telephon	e 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 follow	ving 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 li	mited liability company is: E	Berkshire Asset Management, LLC	
2. The mailing addre	ss of the limited liability com	pany is : 2733 Eleanor Way	
Wellington, Florida 334	114		
01/17/2007		L07000006208	
3. Date of filing/regi	stration in Florida	4. Document number	
5. The name of the re Florida Departmen		red office address as shown on the	records of the
•	Richard Zimmerman		
	1	lame	
	2547 Sawyer Terrace		
	A	ddress	0, 2,5
	Wellington, Florida 334	14	T O ISSUE
	City, Si	ate and Zip	马克
6. The name and addi	ress of the new registered age	nt and/or office:	NISION OF CORPORATIONS OF OCT 15 PM 1:50
	Richard Zimmerman		→ 95.51
	Na	me	
	2733 Eleanor Way		5 9
	Florida street address (P.O. Box NOT acceptable)	- 83
	Wellington,FL 33414	FL	_
	City, Sta	te and Zip	-
confirmed that after the and the business office liability company, it is of the members of the or the operating agree (Signature of a member or a	he change or changes are made of the registered agent will as hereby confirmed that the ce limited liability company of the limited liability company of the limited liability cuthorized representative of a member)	der the laws of the State of Florida le, the Florida street address of the be identical. Or, in the case of a Flhange(s) was/were authorized by a as otherwise provided in the article company.	registered office lorida limited n affirmative vote
(Printed or typed name of si	• ,		
I hereby accept the a comply with the prov and I am familiar wit Chapter 608, F.S. Or address, I hereby con	ppointment as registered age isions of all statutes relative th and accept the obligations or if this document is being file firm that the limited liability	nt and agree to act in this capacity of the proper and complete perform of my position as registered agent and to merely reflect a change in the company has been notified in writing.	. I further agree to ance of my duties, as provided for in registered office ng of this change.
(Signature of Registered Ag	ent)	_	
Di	vision of Corporations, P.O.	Box 6327, Tallahassee, FL 3231	4

FILING FEE: \$25.00

INHS18 (8/05)