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(Req	uestor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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SECTION OF SINCE STATES OF STATES OF

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Bock LLC (Name of Limited Liability Company)		
(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 this matter to the following:		
Stephan G. Bock Name of Person)		
BOCK LLC (Firm/Company)		
3108 Rolling Acres Place Suite A		
Valvico FL 33594 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Stephan 6. Bock at (813) 654-4880		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Control of Corporations Clifton Building P.O. Box 6327 Control of Corporations Clifton Building P.O. Box 6327 Control of Corporations P.O. Box 6327 Control of Corporations Clifton Building P.O. Box 6327 Control of Corporations Control of Corporations P.O. Box 6327 Control of Corporations Clifton Building P.O. Box 6327 Control of Corporations Clifton Building P.O. Box 6327 Control of Corporations Control of Corporations Control of Corporations Clifton Building P.O. Box 6327 Control of Corporations C		
Enclosed is a check for the following amount:		
INHS18 (8/05)		

## 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: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) 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. authorized representative of a member) (Printed or 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 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address of hereby confirmation the limited liability company has been notified in writing of this change. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)