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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Warner Interstate Property (Name of I	erties IV, LLC Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Bart C. Warner				
(Name of Person)				
(Firm/Company)	$rac{d}{dx} = rac{dx}{dx} = -4 ag{3}$. The $x = 0$			
(Firm/Company)	Iman at			
6683 ₂ Beaudry Lane 3391	The state in the second of the			
TOOL PUBLISHED (Address)	100 C 20 C 20 C			
A STATE OF THE STA	1.00 to 2.00 t			
Milton, FL 32570				
(City/State and Zip Code)	·			
For further information concerning this matt	er, please call:			
Bart C. Warner	at (850) 261-1954			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Cat Tallahassee, Florida 32301	rananassee, Pionida 32314			
Enclosed is a check for the following the specific and th	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 limit	ed liability company	y is: Warner Inters	tate Properties IV		·
2. The mailing address o	f the limited liabilit	ty company is : 668	83 Beaudry Lane	! 	·
Milton, FL 32570					
March 20, 2007		L	07000030071		
3. Date of filing/registrat	tion in Florida	4.	Document numb	er	
5. The name of the regist Florida Department of		registered office ad	dress as shown on	the records of	the
•	CFRA, LLC				
	•	Name			
	Corp. Center Three	e at International Pla	za 4221 W. Boy Sc	out Blvd.	
		Address			0
	Tampa, FL 33			0	ΨS
	C	City, State and Zip		70	Sio
6. The name and address	of the new registere	ed agent and/or off	ice:	07 OCT 26	35
	Bart C. Warne		<u>.</u>		3 1 195 1
	CCOO De academa	Name			
	6683 Beaudry Lane		N	Ľ,	
	Florida street add	dress (P.O. Box N O	J'I` acceptable)	7,4	<u> </u>
	Milton,	FL 32570			
	Ci	ty, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is not the members of the lin or the operating agreement (Signature of a member or authorized).	change or changes a f the registered ager ereby confirmed tha mited liability comp nt of the limited liab	are made, the Florid nt will be identical. It the change(s) was pany or as otherwis bility company.	la street address of Or, in the case of s/were authorized	the registered a Florida limi by an affirmat	office ited ive vote
Bart Carlton Warner		_		•	
(Printed or typed name of signed	,				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if	ointment as register ns of all statutes rel nd accept the obliga this document is be n that the limited lice	ed agent and agree lative to the proper ations of my positio sing filed to merely	e to act in this cape and complete perj in as registered ag reflect a change in s been notified in v	acity. I further formance of m ent as provide a the registere vriting of this	· agree to y duties, d for in d office change

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

(Signature of Registered Agent)