## 607000036173

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(Address)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
SECRETARY OF STATE
ANDA
SECRETARY OF STATE

M. Thomas MAR 24200

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1207 Silver Bloff, LLC
(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:
Steven R. Lacy
(Name of Person)
339 Snowberry Circle  (Address)
Venetia, PA 15367  (City/State and Zip Code)
For further information concerning this matter, please call:
Steven R. Lacy at 412 227 - 2889
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$ S55 Filing Fee & Certified Copy
INHS18 (8/05) Already paid - see cover sheet



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2008

STEVEN R. LACY 339 SNOWBERRY CIRCLE VENETIA, PA 15367

SUBJECT: 1207 SILVER BLUFF, LLC

Ref. Number: L07000036173

We have received your document for 1207 SILVER BLUFF, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00010782

08 MAR 21 AM 8: 41

## 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:	1207 Silver Bluff, LLC
2. The mailing address of the limited liability con	manyin 339 Samaharry Circle
Venetia, PA 15367	ipany is . 331 31000 verify
4/10/07	L07000036173
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:  Albertelli &	
208 North L	Name
Jacksonville City, S	Halsema, P.L.  Name aura Street, Suite 900 ddress  tate and Zip ent and/or office:  Lacy ame ame and  Alillage Drive
6. The name and address of the new registered age	nt and/or office:
Thomas S.	Lacy And B
1394 Fairy	P.O. Box NOT acceptable)
. Florida street address (	
· · · · · · · · · · · · · · · · · · ·	FL 32003
City, Sta	te and Zip
liability company, it is hereby confirmed that the c	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.
(Signature of a member or authorized representative of a member)	<del></del>
	sident
(Printed or typed name of signee)	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office 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