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(Requestor's Name)		
(Address)		
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
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T. CLINE
OCT 30 2012
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Sam	ahab L.L.C.	
Name of Limited	d 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 m	natter to the following:	
Don L. Copeland Jr., Name of Person		
Samahab L.L.C. Firm/Company		
33 Commerce Way Address	er CA	
Jupiter, Florida 33458 City/State and Zip Code	T29 M	
dcopeland@thesignalgroup.org E-mail address: (to be used for future annual report notifications)		
For further information concerning this matter, ple	ase call:	
Don L. Copeland Jr at (561) 744-3206 ext 235 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone 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 following 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.

Name of the limited liability company:	Samahab L.L.C.
2. (a) Principal office address of limited liability company	: 23 Eganfuskee Street, Suite 128
(Note: MUST BE STREET ADDRESS)	Jupiter, Florida 33477
(b) Mailing address of limited liability company:	23 Eganfuskee Street, Suite 128
(Note: MAY BE POST OFFICE BOX)	Jupiter, Florida 33477
APRIL 12, 2007	L07000039345
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Don L. Copeland Jr.
Registered Office Address:	33 Commerce Way Jupiter, Florida 33458
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address:	33 Commerce way
(MUST BE FLORIDA STREET ADDRESS)	Jupiter FL 33458
If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Don L. Copeland Jr., Printed or typed name of signee	<u>,</u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent