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| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (<u>B</u> u | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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C. LEWIS

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EXAMINER

COVER LETTER

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| TO: Registration Section | 4.401 () () | |
|--|---|--|
| Division of Corporations | | |
| SUBJECT: DEESE BATTEN Name of Limited | CAPITAL MANAGEMEN | |
| 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 | atter to the following: | |
| JOAN LEWIS Name of Person | | |
| PROGRESSIVE BASIC | SINC | |
| 671 KINGSLEY AVEN | NOE | |
| ORANGE PARK, FL. City/State and Zip Code | 32073 | |
| E-mail address: (to be used for future annual report notification | on) | |
| For further information concerning this matter, plea | ase call: | |
| RONALD BATTEN at (| 904) 104-6191 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.

| 1. Name of the limited liability company: DEESE BAT | TEM CAPITAL MANAGEMENT LLC |
|--|---|
| 2. (a) Principal office address of limited liability company: | 571 KINGSLEY AV |
| (Note: MUST BE STREET ADDRESS) | OPANGE PARK, FL 32073 |
| (b) Mailing address of limited liability company: | SAME |
| (Note: MAY BE POST OFFICE BOX) | |
| 11-17-08 | L07000041610 |
| 3. Date of filing/registration in Florida 4 | . Document number |
| 5. (a) Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: |
| Registered Agent: | GORDON O. JESPERSON ESQ |
| Registered Office Address: | 1279 KINGSLEY AV SUITE 11B ORANGE PARK, FL 32073 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> | |
| NEW Registered Agent: | JOAN LEWIS |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 671 KINGSLEY AV DRANGE PARK ,FL 32073 |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Rolling I. Signature of a member or authorized representative of a member | ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization |
| I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my positive to 08, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company Significant of Registered Agent Division of Corporations, P.O. Box 632' | 7, Tallahassee, FL 32314 ASA |
| INHS 18 (05/08) | mg F |