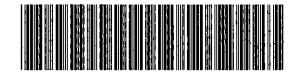
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COVER LETTER

TO:

Registration Section
Division of Corporation

SUBJECT:

810 Properties, LLC

DOCUMENT NUMBER:

L07000051192

The enclosed Registered Agent/Registered Office Change and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward A. Hill, Esquire The Law Offices of Edward A. Hill, P.A. 1211 W. Fletcher Avenue Tampa, FL 33612

For further information concerning this matter, please call:

Edward A. Hill, Esquire at (813) 960-2010

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2001 JUN 28 AM 10: 16

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 co	mpany is: 810 Properties, LLC .
2. The mailing address of the limited l	iability company is: <u>4609 Rue Bordeaux, Lutz, FL 335</u> 58
5/14/07 3. Date of filing/registration in Florida	L07000051192 4. Document number
5. Date of imag/registration in Piorita	4. Document number
5. The name of the registered agent and Florida Department of State:	d the registered office address as shown on the records of the
	Kevin Mr-Burkart
6705	Name
6528	3 Central Ave., Suite A Address
C.	
	Petersburg, FL 33707 City, State and Zip
6. The name and address of the new re	gistered agent and/or office:
Theo	odore E.D. Peters, DDS
508	Name S. Habana Avenue, Súite 110
Florida stre	eet address (P.O. Box NOT acceptable)
Tar	npa FL 33609
	City, State and Zip
confirmed that after the change or char and the business office of the registere liability company, it is hereby confirm	ve of a member)
(Printed or typed name of signee)	
I hereby accept the appointment as recomply with the provisions of all statu and I am familiar with and accept the Chapter 608, F.S. Or, if this documen address, I hereby confirm that the limit (Signature of Registered Agent)	gistered agent and agree to act in this capacity. I further agree to tes relative to the proper and complete performance of my auties, obligations of my position as registered agent as provided for in the select to the property reflect a change in the registered office ted liability company has been notified in writing of this change.

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