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J. SAULSBERRY EXAMINER

APR 16 2013

## **COVER LETTER**

ERG Partners, 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 T. Jenkins Name of Person ERG Partners, LLC Firm/Company 1962 Colina Court Address Atlantic Beach, FL 32233 City/State and Zip Code posey8755@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven T. Jenkins Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

Registration Section
Division of Corporations

## 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: ERG Partners, LLC		
2. (	(a) Principal office address of limited liability company	1962 Colina Court	
	(Note: MUST BE STREET ADDRESS)	Atlantic Beach, FL 32233	<u></u>
(b) Mailing address of limited liab	(b) Mailing address of limited liability assuments	D O D-1 220268	PR
	(Note: MAY BE POST OFFICE BOX)	P. O. Box 330358 Atlantic Beach, FL 32233	
	(Note: MAT BE FOST OFFICE BOX)	Attaille Beach, PL 32233	37 30 CA (
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	06/19/2007	107000064	131000
2	Date of filing/registration in Florida	4. Document number	6\$ C
٠,	Date of filling/registration in Florida	4. Document number	
5.	(a) Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State:
	Registered Agent:	Howard L. Dale	
	Pagistanad Office Address:	Data Bald Chaustine Manier & Con-	
	Registered Office Address:	Dale, Bald, Showalter, Mercier & Gree 200 West Forsyth Street, Suite 1100	n
		Jacksonville, FL 32202	
	(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Degistered Office add	ross.
(b) Enter name of 14244 Registered Agent and/or 14244 Registered Office address.			
	NEW Registered Agent:	Steven T. Jenkins	<u> </u>
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1962 Colina Court	
	(MOST BE TEORIDA STREET ADDRESS)	Atlantic Beach	,FL <u>32233</u>
			,ı L_ <u>3</u>
con and liab the the	the limited liability company is not organized under the affirmed that after the change or changes are made, the Filthe business office of the registered agent will be identicated to be in the change of the limited liability company or as otherwise operating agreement of the limited liability company.  The limited liability company or as otherwise operating agreement of the limited liability company.	lorida street address of the ical. Or, in the case of a F was/were authorized by a	registered office lorida limited n affirmative vote of
	en T. Jenkins	_	
	nted or typed name of signee		
I h con and Che ada	ereby accept the appointment as registered agent and a uply with the provisions of all statutes relative to the pr I I am familiar with and accept the obligations of my po apter 608, F.S. Or if this document is being filed to me iress, I hereby comfirm that the limited liability compan	gree to act in this capacity oper and complete perforn sition as registered agent rely reflect a change in the y has been notified in writi	). I further agree to nance of my duties, as provided for in e registered office ing of this change.
Sign	nature of Registered Agent		

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