

L070000069666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

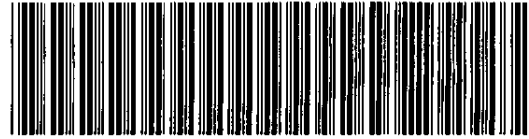
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000212221200

09/23/11--01044--015 **25.00

FILED
11 SEP 23 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. BRYAN

SEP 26 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bernard W Roberts 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:

Bernard W Roberts
Name of Person

Bernard W Roberts LLC
Firm/Company

4439 Spring Lane
Address

Lakeland FL 33811-2509
City/State and Zip Code

BETTY 4439@AOL.COM
E-mail address: (to be used for future annual report notification)

FILED
14 SEP 23 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bernard W Roberts at (863) 644 5846
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.

1. Name of the limited liability company: Bernard W Roberts

2. (a) Principal office address of limited liability company: 4439 Spring Lane
LAkeLand FL 33811
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

4-16-2010
3. Date of filing/registration in Florida

L07000069666
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: The Law Offices of Nick Spradlin, PLLC
Registered Office Address: 4001 West Henry Avenue, suite 306
Tampa, FL 33614

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Bernard W Roberts
NEW Registered Office Address: 4439 Spring Lane
(MUST BE FLORIDA STREET ADDRESS) LAkeLand, FL 33811

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bernard W Roberts
Signature of a member or authorized representative of a member

BERNARD W Roberts
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bernard W Roberts
Signature of Registered Agent

