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(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scho 6, CC (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:
SANDRA FRIFTSCH (Name of Person)
Echo 6 LC (Firm/Company) 2/3/e//can way (Address)
Del Ray Beech, 7/ 33483 (City/State and Zip Code)
For further information concerning this matter, please call:
Sandy 2 15th at (5/3) 673-5245
(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:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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:	406, uc
2. (a) Principal office address of limited liability company	: 213 Relican Way
(Note: MUST BE STREET ADDRESS)	Del Ruy Beach Fl
(b) Mailing address of limited liability company:	213 Pelican Way
(Note: MAY BE POST OFFICE BOX)	Delnay Bucht
8/23/07	L07000086429
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept, of State:
Registered Agent:	CORPORATION DERVICE COMP.
Registered Office Address:	1201 Hay Street Julluhassee, Fl 3230/ US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	SANDRA FRITZSCL 213 Pelican Way DelpayBell, 33483
If the limited liability company is not organized under the lonfirmed 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 hability company (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the limited liability company (Signature of Registered Agent)	orida 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 ALECRA ARE ARE ARE ARE ARE ARE ARE ARE ARE A
Division of Corporations, P.O. Box 63: FILING FEE: \$2	•

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