#L07000099551

| (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: | | | | |
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

BAYTREE TOWNHOMES, 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:

DANIEL W. HARTMAN

Name of Person

HARTMAN LAW FIRM, P.A.

Firm/Company

PO BOX 10910

Address

TALLAHASSEE, FL 32302

City/State and Zip Code

DAN@FLLEGALTEAM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN HARTMAN

at (850

386-4242

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. Na | ame of the limited liability company: BAYTREE TOWNHOME | S, LLC | ······································ |
|--|---|--|---|
| 2 (0) | Dringing office address of limited liability company | 2050 ADAI ACHEE DADIMAAV | <i>></i> , |
| 2. (a, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | TALLAHASSEE, FL 32301 | |
| | (Mole. Most be street Abbress) | | - |
| | | | 4,00 |
| (b) | Mailing address of limited liability company: | 2959 APALACHEE PARKWAY | |
| | (Note: MAY BE POST OFFICE BOX) | TALLAHASSEE, FL 32301 | |
| | | | |
| 09/27/2007 | | L07000099551 | 937. 6 |
| 3. Da | ate of filing/registration in Florida | l. Document number | 7 |
| 5. (a | Registered Agent and Registered Office shown on the | ne records of the Florida | Dept. of State: |
| | Registered Agent: | STINSON, ACEY | |
| | Registered Office Address: | 2050 ADAI ACUEE DADIMAY | |
| | Registered Office Address: | 2959 APALACHEE PARKWAY TALLAHASSEE, FL 32301 | |
| | | | |
| | NEW Registered Agent: | HARTMAN LAW FIRM, P.A. | |
| | NEW Registered Office Address: | 207 W. PARK AVE., SUITE A | |
| | (MÜST BE FLORIDA STREET ADDRESS) | TALLAHASSEE | FL 32301 |
| confir and the liabilithe me the of | limited liability company is not organized under the larmed that after the change or changes are made, the Flene business office of the registered agent will be identifity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise behating agreement of the limited liability company. The of a member or authorized representative of a member | orida street address of the cal. Or, in the case of a was/were authorized by | e registered office Florida limited an affirmative vote of |
| Printed | w. HARTMAN I or typed name of signee eby accept the appointment as registered agent and as ly with the provisions of all statules relative to the pro- am familiar with and accept the obligations of my pos- ter 608, F.S. Or, if this document is being filed to mer ass, I hereby confirm that the limited liability company | ree to act in this capaci per and complete perfor ition as registered agen ely reflect a change in th has been notified in wri | ty. I further agree to mance of my duties, as provided for in he registered office ting of this change. |
| Signati | ure of Registered Agent | | |

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