L07000114832

(Re	equestor's Name)	
	•	
(Address)		
(Address)		
. (Cit	ty/State/Zip/Phone	- #1
(O)	tyrotatorzipit none	, 11)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	Certificates	of Status <u>(1.8616)</u>
•	-	
Special Instructions to Filing Officer:		

Office Use Only



100161230501

10/05/09--01010--018 **35.00

TILLU 2009 OCT -8 AM ID: 59 SECRETARY OF STATE

C. LEWIS

OCT -:9 2009

EXAMINER

COVER LETTER

Registration Section

Division of Corporations MINOT FAMILY PROPERTIES, L.L.C. 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: LAURA MINOT Name of Person MINOT FAMILY PROPERTIES, LLC Firm/Company 319 RIVEREDGE BLVD SUITE 214 Address COCOA, FL. 32922 City/State and Zip Code MINOTTITLE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIMBERLY MINOT 321 636-0055 Name of Person Area Code & Daytime Telephone Number 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: \$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.

agent, or both, in the state of 1 tortain.	
1. Name of the limited liability company:MINOT	FAMILY PROPERTIES, L.L.C.
2. (a) Principal office address of limited liability company	y: 319 RIVEREDGE BLVD.
(Note: MUST BE STREET ADDRESS)	SUITE 214 COCOA, FL. 32922
(b) Mailing address of limited liability company:	SAME
(Note: MAY BE POST OFFICE BOX)	
11-13-07	L07000114832
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	MICHAEL S. MINOT RESIGNED
Registered Office Address:	319 RIVEREDGE BLVD. SUITE 218
,	COCOA FL 32922
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: LAURA MINOT
-	319 RIVEREDGE BLVD.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SUITE 214
	COCOA ,FL32922
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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 liability company. Signature of a member or authorized ricresentative of a member	lorida street address of the registered office
LAURA MINOT	_
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company of the same accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company.	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	rch &

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