

06/10/2009 13:19 FAX 2159979386

M. BURR KEIM COMPANY

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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REGISTERED AGENT CHANGE

S & S - MEDALIST, LLC

Certificate of Status	0
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EXAMINER

(((H090001401013)))

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: S & S - Medalist, LLC

2. (a) Principal office address of limited liability company:

☒ (Note: **MUST BE STREET ADDRESS**)

6749 SE North Marina Way
Stuart, FL 34999

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

6749 SE North Marina Way
Stuart, FL 34999

January 17, 2008

3. Date of filing/registration in Florida

LO8000006557

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Thomas A. Schirmer

Registered Office Address:

1000 North US Highway 1, Unit 806
Jupiter, FL 33477

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Thomas A. Schirmer

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6749 SE North Marina Way

Stuart, FL 34999

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.

Thomas A. Schirmer
Signature of a member or authorized representative of a member

Thomas A. Schirmer

Printed or typed name of signer

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.

Thomas A. Schirmer
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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