

LD8000006816

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TALLAHASSEE, FLORIDA

IURILLO & ASSOCIATES, P.A.
ATTORNEYS AT LAW

Representing Businesses and Professionals Since 1991
CAMILLE J. IURILLO
GINA M. PELLEGRINO ••

- Admitted to New York Bar
- Admitted to District of Columbia Bar

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SABRINA C. BEAVENS ★°

- ★ Admitted to Massachusetts Bar
- ° Admitted to New Hampshire Bar

February 7, 2013

Via Certified Return Receipt

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: Statements of Change of Registered Office or Registered Agent
or Both for LLCs**

To whom it may concern:

Enclosed please find check number 4257 in the amount of \$160.00 made out to Florida Department of State and the following five (5) Statements of Change of Registered Office or Registered Agent or Both for LLCs and one (1) Articles of Amendment to Articles of Incorporation to be filed accordingly:

1. Osprey Wing Properties, LLC – \$25.00
2. Osprey Nest, LLC – \$25.00
3. Liquid Refreshment, LLC – \$25.00
4. TBHomebuyers, LLC – \$25.00
5. Osprey Property Advisors, LLC – \$25.00
6. Iurillo & Associates, P.A. – \$35.00

Please do not hesitate to contact our office should you have any questions about the enclosed. Thank you.

Very truly yours,



Charlotte Dean
Legal Assistant

/cd
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osprey Wing Properties, 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:

Name of Person

Iurillo & Associates, P.A.

Firm/Company

5628 Central Avenue

Address

St. Petersburg, FL 33707

City/State and Zip Code

ciurillo@iurillolaw.com

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

For further information concerning this matter, please call:

Charlotte Dean at (727) 895-8050

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

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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: Osprey Wing Properties, LLC

2. (a) Principal office address of limited liability company: 907 79th Street South
(Note: MUST BE STREET ADDRESS) St. Petersburg, FL 33707

(b) Mailing address of limited liability company: 6822 22nd Avenue North
(Note: MAY BE POST OFFICE BOX) Suite 331
St. Petersburg, FL 33710

01/18/2008

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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: Iurillo & Associates, P.A.

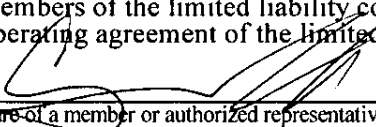
Registered Office Address: 600 1st Avenue North
Suite 308
St. Petersburg, FL 33701 US

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

NEW Registered Agent: Iurillo & Associates, P.A.

NEW Registered Office Address: 5628 Central Avenue
(MUST BE FLORIDA STREET ADDRESS) St. Petersburg, FL 33707

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.


Signature of a member or authorized representative of a member

Camille J. Iurillo

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.


Signature of Registered Agent

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

FILING FEE: \$25.00