## L0860000933

16

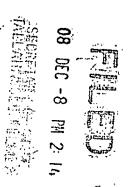
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200138525852

12/08/08--01018--013 \*\*25.00



4

S. HAWKES DEC 1 0 2008

**EXAMINER** 

COVER LETTER

	COVERLETTER
TO: Registration Section	
Division of Corporations	
SUBJECT: 10 Huntingdon LLC	
	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
The cholosed Registered Figure Registered Cr	into change and roo(s) are submitted for ming.
Please return all correspondence concerning t	his matter to the following:
Lorena O'Neill	
(Name of Person)	
10 Huntingdon LLC	
(Firm/Company)	
145 SE Mizner Blvd	
(Address)	
Poss Potos El 22422	
Boca Raton, FL 33432 (City/State and Zip Code)	
	1 11
For further information concerning this matter	r, please call:
Lorena O'Neill	at ( 561 ) 392-0304
(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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
2 \$25 Filing Fee	S55 Filing Fee & Certified Conv

INHS18 (5/08)

## 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: 10 Hunting	don LLc	
2. (a) Principal office address of limited liability compared ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 145 SE Mizner Blvd. Boca Raton, FL 33432	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	145 SE Mizner Blvd. Boca Raton, FL 33432	
3. Date of aling/registration in Florida	LD800009033 4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Lorena O'Neill 음	talling.
Registered Office Address:	15695 Sea Mist Lane Wellington, FL 33414	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> NEW Registered Agent:	EW Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	145 SE Mizner Blvd.  Boca Raton ,FL33432	
If the limited liability company is not organized under the that after the change or changes are made, the Florida strooffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	e laws of the State of Florida, it is hereby confirmed address of the registered office and the busin case of a Florida limited liability company, it is	ess mited
Lorena O'Neill (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pain familiar with and accept the obligations of my position. F.S. Or, if this absument is being filed to merely reflect a confirm that the limited liability company has been notificated.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and as registered agent as provided for in Chapter change in the registered office address, I here to the writing of this change.	ind I r 608. by

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