## 12800029858

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(	(Requestor's Name)	
	(Address)	
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	City/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
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	Business Entity Name	
	Document Number)	
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G. MCLEOD

APR 22 2009

**EXAMINER** 



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SECRETARY OF THE DIVISION OF CHRISTON

## COVER LETTER

TO: Registration Section
Division of Corporations

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:			
Susan J. Milbr (Name of Person)			
Bold City Browsey, LCC			
2670-7 Rosselle St.			
July, Fl. 32204  (City/State and Zip Code)			
For further information concerning this matter, please call:			
Sustait Miller at (904) 233-0739 (Area Code & Daytime Telephone Number)			
(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:			
1 \$25 Filing Fee \$\ \tag{ \tag{25 Filing Fee & Certified Copy}}\$\$  \$55 Filing Fee & Certified Copy  INHS18 (5/08)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua compa in the S	ant to the provisions of sections 608.416 or 608.508 ny submits the following statement in order to chang state of Florida.	, Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both,
1. Nar	ne of the limited liability company: <u>Bold U</u>	TY BEEWERY, LLC
2. (a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	12670-7 Rosselle St. JAN, FI 32204
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2670-7 Rosselle-St. JAV, FI 32204
3. Dat	e of filing/registration in Florida	L08000029858  1. Document number
	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	Legal Zoom, com, INC
	Registered Office Address:	7083 Hollywood Blyd, Suite 180 Neelywood, CA 90028
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
	NEW Registered Agent:	Integrity Title + Escrow Sources
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2024 Gilmore 5ti JAX, Fl. 32204
that aft office of hereby liabilit	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the business see of a Florida limited liability company, it is an affirmative vote of the members of the limited
(C:L	Se Inful	PR 2
	of a member or authorized representative of a member)	
comn/i	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proniliar with and accept the obligations of my position or, if this document is being filed to merely reflect a continuation that the limited liability company has been notified	pree to act in this capacity. I further agree to

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

(Signature of Registered Agent)

Jim U. Moudy