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SECRLIARY OF STATE
TALLAHASSEE, FIORIG

B. BOSTICK

JAN 1 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	Holt Avenue, LLC nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
John M. Scheurer		
Name of Person		
470 Holt Avenue, LLC		
Firm/Company	TIJAN 18 PM 2: 46 SECKETARY OF STATE ALLAHASSEE, FLORIDA	
	AR JAHE	
470 Holt Avenue	<u> </u>	
Address	क्षेत्र होते	
	1 N = 1	
Winter Park, FI 32789	AI'E	
City/State and Zip Code	A	
iahaahaurar@amail.aam		
E-mail address: (lo be used for future annual report notifi	ication)	
For further information concerning this matter,	please call:	
John M. Cohourer	t (
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 a	imount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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:	470 Holt Avenue, LLC
2. (a) Principal office address of limited liability company	y: <u>470 Holt Avenue</u>
(Note: MUST BE STREET ADDRESS)	Winter Park, Fl 32789
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
April 9, 2008	L08000035824
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:	CT Corporation Systems
Registered Office Address:	1200 S. Pine Island Road
	Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: John M. Scheurer
NEW Registered Office Address:	470 Holt Avenue
MUST BE FLORIDA STREET ADDRESS)	Winter Park ,FL32789
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 ident liability 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 representative of a member John M. Scheurer Printed or typed name of signee	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program I am familiar with and accept the obligations of my poor that the limited lightly company address. Thereby confirm that the limited lightly company	gree 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

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

Signature of Registered Agent