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M. THOMAS

AUG 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bay Area Name of Limited Li	Trust, LLC ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Greg Vander Wel Name of Person		
Realnet Firm/Company		
1902 W. Main St 1st Floor	TALLAHASSEE, FLORID	
Tampa FL 33607 City/State and Zip Code	MIO: 54 E.FLORIE	
rntbay@gmail.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	call:	
Mary Jo Leviski at (8	13) 2888000	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number 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	

、... 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.

•		
Name of the limited liability company:	Bay Area Trust, LLC	
2. (a) Principal office address of limited liability company	: Bay Area Trust, LLC	
(Note: MUST BE STREET ADDRESS)	1902 W. Main St. 1st Floor Tampa FL 33607	
(b) Mailing address of limited liability company:	Bay Area Trust, LLC	
(Note: MAY BE POST OFFICE BOX)	1902 W. Main St. 1st Floor Tampa FL 33607	
May 5, 2008	L08000044952	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Greg Vander Wel	
Registered Office Address:	1200 W. Cass St Suite 150 Tampa FL 33606	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office address CR	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1902 W. Main St 1st Floor Tampa , F 3 3 60 2	
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 Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all standers relative to the providing the configuration of my post chapter 608 ft.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		