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## **COVER LETTER**

Division of Corporations		
SUBJECT: Threadbird 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	g this matter to the following:	
•		
Nicholas Roccanti		
Name of Person		
Firm/Company	•	
873 Gayle Mill Dr		
Address		
Winter Garden, FL 3478	87	
City/State and Zip Code	<del></del>	
nick@threadbird.com  E-mail address: (to be used for future annual report	t notification)	
For further information concerning this mat	tter, please call:	
Nicholas Roccanti	<sub>at (</sub> 850 ) 294-9711	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section 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	ing 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.

1. Name of the limited liability company: Threadbird LLC	
2. (a) Principal office address of limited liability compar	nur: 873 Gayle Mill Dr
(Note: MUST BE STREET ADDRESS)	Winter Garden, FL 34787
(Note: MOST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	873 Gayle Mill Dr
(Note: MAY BE POST OFFICE BOX)	Winter Garden, FL 34787
	7000
	10 5 E
june 10, 2008	L08000057163
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Nicholas Roccanti
Decision 100% and 11 and	445 Vanuinau Du
Registered Office Address:	115 Kennison Dr Orlando, FL 32801
	Ollahdo, FL 32801
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Nicholas Roccanti
11211 Registered Figure.	
NEW Registered Office Address:	873 Gayle Mill Dr
(MUST BE FLORIDA STREET ADDRESS)	
	Winter Garden ,FL 34787
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
Nicholas Roccanti Printed or typed name of signee	<del></del>
	I want to set in this amount of T.C. whom we want
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, lihereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agent