

L08000072378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

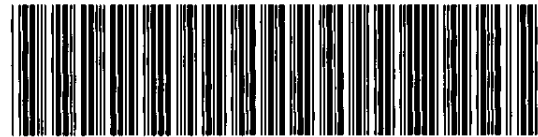
L08-72378

(Document Number)

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TALLAHASSEE FLORIDA

JAN 26 2009

**HELWIG & TODD, P.A.**  
ATTORNEYS AT LAW

GRIFFIN HELWIG  
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1912 HAMILTON STREET  
SUITE 107  
JACKSONVILLE, FL 32210  
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EMAIL: GHZWIG@HELWIGANDTODD.COM  
PHTODD@HELWIGANDTODD.COM

DATE: December 17, 2008

MEMO TO: Bradley Steinemann  
Steinemann Bros Gas Leases, LLC

FROM: Jinny Yearwood

RE: Change of Address for Steinemann Bros Gas Leases, LLC  
Change of Address for Registered Agent for Steinemann Bros  
Gas Leases, LLC.

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Enclosed please find the document for change of address as listed above. This document is used to change the address for the Regeristered Agent, which is Bradley and for the company as well. I have completed the form and included a self address envelope for your convenience to send to Tallahassee. Please sign the document in both places I have indicated and include a check in the amount of \$25.00 made payable to Registration Section. Should you have any questions, please advise.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2008

HELWIG & TODD, P.A.  
1912 HAMILTON STREET  
SUITE 107  
JACKSONVILLE, FL 32210

SUBJECT: STEINEMANN BROS GAS LEASES, LLC  
Ref. Number: L08000072378

We have received your document for STEINEMANN BROS GAS LEASES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 808A00061751

**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: Steinemann Bros Gas Leases, LLC

2. (a) Principal office address of limited liability company: 3919 Lionheart Drive  
**(Note: MUST BE STREET ADDRESS)** Jacksonville, FL 32216

(b) Mailing address of limited liability company: 3919 Lionheart Drive  
**(Note: MAY BE POST OFFICE BOX)** Jacksonville, FL 32216

July 28, 2008

L08000072378

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: Bradley Steinemann

Registered Office Address: 4242 Olde Pine Lane

Jacksonville, FL 32204

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address: 3919 Lionheart Drive

**(MUST BE FLORIDA STREET ADDRESS)** Jacksonville, FL 32216

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.

Bradley Steinemann  
(Signature of a member or authorized representative of a member)

Bradley Steinemann  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Bradley Steinemann  
(Signature of Registered Agent)

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

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