## L080000 75965

·		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALL AHASSEE, FLORID

## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs
SUBJECT:	Bulldog Premium Finance, LLC  Name of Limited Liability Company
	Name of Emilied Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent	t/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
Sandra	Joran
Name of Pe	
Bulldog Premi	
·	<u>m</u> ≺
6951 W Sui	nrise Blvd
Address	STATE CORIDA
Plantation	#e^
City/State and 2	
sjoran@bas E-mail address: (to be used for futu	SSUW.COM ure annual report notification)
For further information concern	ning this matter, please call:
Sandra Joran	at ( <u>954</u> ) <u>473-3720</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AI	
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Ci Tallahassee, Florida 3230	rcle Tallahassee, Florida 32314
Enclosed is a check for	r the following amount:
[7] \$25 Filing Fee	S55 Filing Fee & Certified Conv

## 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:	Bulldog Premium Finance, LLC		
2. (a) Principal office address of limited liability compar	ny: Bulldog Pre	Bulldog Premium Finance	
(Note: MUST BE STREET ADDRESS)	6951 W Sunrise Blvd Plantation, FL 33313		
(b) Mailing address of limited liability company:	Bulldog Premiur	n Finance	
(Note: MAY BE POST OFFICE BOX)	6951 W Sunrise Blvd Plantation, FL 33313		
August 7, 2008	L0800007		
3. Date of filing/registration in Florida	4. Document number	2009 SE(	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida I	Dept of State:	
Registered Agent:	Corporate Creations	<u> </u>	
Registered Office Address:	11380 Prosperity Farm Palm Beach Gardens,	<u>FL 33410 లు</u> ్ ————————————————————————————————————	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>		ress:	
NEW Registered Agent:	Cesar Sastre		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6951 W Sunrise Blvd		
	Plantation	,FL <u>33313</u>	
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 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	Florida street address of the ntical. Or, in the case of a F s) was/were authorized by a erwise provided in the articl	registered office	
Sandra Joran Printed or typed name of signee			
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. Dr. if his document is being filed to m address, I hereby and that the limited liability company.  Signature of present Agent	agree to act in this capacity roper and complete perforn oosition as registered agent terely reflect a change in the ny has been notified in writi	i. I further agree to accept to my duties, as provided for in registered office ag of this change.	
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 3231	14	

**FILING FEE: \$25.00**