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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

J. BRYAN

SEP - 4 2009

EXAMINER

COVER LETTER

INHS18 (5/08)

TO:	Registration of Division of	n Section f Corporations						
SUB.	JECT:	CONNOR SA Name of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JARY INVE		NTS, LLC		
Dear	Sir or Madar	n:						
The e	nclosed Regi	istered Agent/Registered	Office	Change and fe	ee(s) are	submitted for	r filing.	
Pleas	e return all co	orrespondence concernin	g this n	natter to the fo	llowing	:		
		LINDA F. CONNOR Name of Person						
		Name of Person						
CONNOR SANCTUARY INVESTME Firm/Company			<u>ENTS</u>	LLC			SEC	
		D O DOV 121					SEP SEP	44
		P.O. BOX 131 Address					ASS ASS	
							7 0 P	
	חאר	NE CITY EL 23536.04	21				, F(S	-
DADE CITY, FL 33526-0131 City/State and Zip Code					•	ORA .	_	
							Om v	ט
	z	ellecon@earthlink.net						
F	E-mail address: (to	o be used for future annual report	notificat	ion)		,		
For fi	urther inform	ation concerning this ma	tter, ple	ease call:				
	LIND	A CONNOR	at (_	352)		567-6858		
	Nam	e of Person		Area Co	de & Dayti	ime Telephone N	ımber	
	STREET/C	OURIER ADDRESS:		MAILIN(S ADDR	ESS:		
Registration Section Registration Section								
Division of Corporations			Division o		ations			
Clifton Building 2661 Executive Center Circle			P.O. Box 6		- 20214			
		, Florida 32301		Tallahasse	⊽, FIONGS	3 343 14		
	Enclosed i	s a check for the follow	ing am	ount:				
\$25 Filing Fee			\$55 Filir	ng Fee &	Certified Co	ру		

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: _CONNOR	SANCTUARY INVESTMENTS, LLC						
2. (a) Principal office address of limited liability compan	36424 TODD LANE						
(Note: MUST BE STREET ADDRESS)	DADE CITY, FL 33525 US						
(b) Mailing address of limited liability company:	P.O. BOX 131						
(Note: MAY BE POST OFFICE BOX)	DADE CITY, FL 33526-0131 166						
09/05/2008	L0800008468年最少 (イ						
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 Spate:							
Registered Agent:	U.S. CORPORATION AGENTS, A.C.						
Registered Office Address:	320 S. FLAMINGO ROAD 347						
	PEMBROKE PINES FL 33027 US						
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :							
NEW Registered Agent:	CONNOR SANCTUARY INVESTMENTS						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	36424 TODD LANE						
(MOST BET LONDA STREET ADDRESS)	DADE CITY ,FL33525						
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							
LINDA F. CONNOR	wann						
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companies of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.						

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