## L080000 87877

(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:		

Office Use Only



400196994914

03/07/11--01045--008 \*\*25.00

FILED

11 MAR -7 PM 4: 30

SECRETARY OF STATE
AND ANARYSEE ELIDERA

G. HARVEY

MAR 0 8 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dun ham Badgett Grove 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 this matter to the following:	
Caral Culler Name of Person	
Comerica Bank & Trust, N.A.  Firm/Company  ARE \$ =	17
Bosa Raton F1 33486	1
Boca Raton F1 33486 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (248) 371-6650  Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  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 & 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: Dunhau	n Budgett Grove, LLC
2. (a) Principal office address of limited liability compan	y: 1675 D. Milidary Fall 6
(Note: MUST BE STREET ADDRESS)	Boca Radon F1 33486
(b) Mailing address of limited liability company:	1675 W. Military Trail
(Note: MAY BE POST OFFICE BOX)	Boca Raton, F1 33486
September 16, 2008  3. Date of filing/registration in Florida	<u>LOSO()00 87877</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Charles R. Chillon
Registered Office Address:	99 sixth Sheet 5N
	Winter Haven, Fl 33880
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Carol Culler, Comerica Burk
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Boca Ration, Fl ,FL 38 486
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company of the	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote twise provided in the articles of organization
Printed or typed name of signee	- Fig. 7 in
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my performent is being filed to me address. I hereby confirm that the limited lightity company	gree to act in this capacity I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.

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