L08000114467

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000238965 3)))

H09000238965 3ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2009 NOV 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I30010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

A. LUNT
NOV 12 2009
EXAMINER

RECEIVED
09 NOV 10 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

VALDEN LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	~~$87.50~~ $55.00

Electronic Filing Menu Corporate Filing Menu Help

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Lori Castille
DATE	2009-11-10 12:17:49 PST
RE	RA Change Filing

COVER MESSAGE

LZ Order#6545344

Thank you.

Page 1 of 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valden 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:

Lori Castille
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Ste. 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Castille at (323) 962-8600
(Name of Person) (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

☑ $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.

FILED
2009 NOV 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of the limited liability company: Valden LLC

2. (a) Principal office address of limited liability company: 11044 63rd Avenue
Seminole, FL 33772
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 11044 63rd Avenue
Seminole, FL 33772
(Note: MAY BE POST OFFICE BOX)

12/05/08
3. Date of filing/registration in Florida

L08000111467
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address: 13302 WINDING OAKS BLVD. SUITE A-100
TAMPA FL 33612 US

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

NEW Registered Agent: Dennis McCune

NEW Registered Office Address: 11044 63rd Avenue
(MUST BE FLORIDA STREET ADDRESS)
Seminole FL 33772

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.

Valerie McCune
(Signature of a member or authorized representative of a member)

MCCUNE, VALERIE
(Printed or typed name of signee)

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.

(Signature of Registered Agent) Dennis McCune

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

INHS18 (05/08)