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EXAMINER



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IALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
DIA O	
	Ison LLC
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
,	
Brian K Olson	
Name of Person	
BK Olson lic	
Firm/Company	
4300 Legendary Drive Suite 234	<u> </u>
Address	·
Destin, Florida 32541	
City/State and Zip Code	<u>,</u>
Brian@olsonlandnartners.com	
Brian@olsonlandpartners.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please	se call:
Brian K Olson at (850) 830-5242
Name of Person	Area Code & Daytime Telephone Number
CEDERAL/COLINIA A PADECC	MAILING ADDDESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amou	ınt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
[4] +	

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.

ageni, or bon	n, in the State of Pioriau.		
1. Name of t	he limited liability company:	BK Olson LLC	
2. (a) Princi	pal office address of limited liability company	1241 Airport Road Suite	<u> C</u>
(Note	e: MUST BE STREET ADDRESS)	Destin, Florida 32541	
(b) Mailii	ng address of limited liability company:	PO Box 1665	
(<u>Not</u>	e: MAY BE POST OFFICE BOX)	Destin, Florida 32540	
	December 11, 2008	L08000113361	
3. Date of fil	ling/registration in Florida	4. Document number	
5. (a) Regis	stered Agent and Registered Office shown on t	the records of the Florida Dept. of State	:
Regis	stered Agent:	Brian K Olson	
Regis	stered Office Address:	1241 Airport Road Suite C Destin, FL 32541	
. ,	name of <u>NEW Registered Agent</u> and/or <u>NEV</u> Registered Agent:	W Registered Office address: 23 Brian K Olson	NAME OF THE PARTY
	/ Registered Office Address: ST BE FLORIDA STREET ADDRESS)	4300 Legendary Drive S S Suite 234 S S S S S S S S S S S S S S S S S S S	41
confirmed the and the busin liability composite member or the operation and the confirmed the confirmed the confirmed the composite confirmed the confirmed	l liability company is not organized under the lat after the change or changes are made, the Fluess office of the registered agent will be identified pany, it is hereby confirmed that the change(s) ers of the limited liability company or as other ing agreement of the limited liability company	lorida street address of the registered of tical. Or, in the case of a Florida limited was/were authorized by an affirmative wise provided in the articles of organizations.	fice l vote
	Brian K Olson		
Printed or typed	name of signee	-	
I hereby acc comply with and I am fam Chapter 608, address, I he	rept the appointment as registered agent and a the provisions of all statutes relative to the pro siliar with and accept the obligations of my pos F.S. Or, if this document is being filed to me greby confirm that the limited liability company	gree to act in this capacity. I further as oper and complete performance of my desition as registered agent as provided for rely reflect a change in the registered of this change in the registered of the change in the registered of the change in writing of this change in writing of this change in the change i	ree to uties, or in ffice inge.
Signature of Reg	gistered Agent		

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