## LB900001699

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C. LEWIS

JUL 1 2009

**EXAMINER** 

## COVER LETTER

Division of	Corporations		
UBJECT:	Parkside West D	evelopment Cor	mnany II I I C
DJECI:		ited Liability Comp	
ar Sir or Madan	n:		
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ne enclosed Regi	stered Agent/Registered Off	ice Change and fee(s	) are submitted for filing.
ease return all co	prrespondence concerning th	s matter to the follow	ving:
	•		
	Ben Jefferies		
	Name of Person		
	Firm/Company	•	
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7	70 North Drive, Suite A		
	Address		
		1	
	Melbourne, FL 32934		
•	City/State and Zip Code	:	1
		l ;	
6-mil address: (t	en@baysidelakes.com  o be used for future amount report notif	(cation)	
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or further inform	ation concerning this matter,	please call:	and the second of the second of the second
		at ( <u>321</u> )	952-2414
Nan	ne of Person	Area Code a	t Daytime Tetephone Number
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:	
Registration		Registration Section	
	Corporations	Division of Corporations	
Clifton Bui		P.O. Box 6327	
	tive Center Circle	Tallahassee, Florida 32314	
Tallahassec	Florida 32301		
Enclosed i	is a check for the following	amount:	
<b>₹</b> \$25 Fili	ng Fee	\$55 Filing I	Fee & Certified Copy
<del></del>		To a local district of the second of the sec	
HS18 (5/08)			
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## 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: Parkside West Development Combany II, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L09000001699 12/31/2008 Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Roy J. Pence 300 East New Haven Avenue Registered Office Address: Melbourne, FL 32901 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: James M. O'Brien **NEW** Registered Office Address: 1686 West Hibiscus Blvd (MUST BE FLORIDA STREET ADDRESS) Melbourne 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 authorized representative of a member Benjamin E. Jefferles 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, 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.

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

INHS18 (05/08)

Signature of Registered Agent