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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
		,		
(Bu	ısiness Entity Naı	me)		
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

D. BRUCE

JUL 10 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	ECT: Name o		aniell F					
D (				,				
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	l Office	Change	and fee	e(s) are submitted fo	r filing.		
Please	return all correspondence concernit	ng this n	natter to	the fol	lowing:			
	Eunice Gallets							
	Name of Person							
	Firm/Company					o ≈}		
	2825 S W 22nd Avenue, Ste	e. 105		_		ALLAN	ال 60	-
	Address					IARY IASSEI	09 JUL -9 PH 2: 4!	ī
	Delray Beach, FL 3344	<u>5</u> .		<del></del>		الله التاريخ	PH	Γ
	City/State and Zip Code					STA: LOR	5:	C
	worth@worthrestoration.c	om				IDA ADA	<u>-</u>	
E-	worth@worthrestoration.c	rt notificat	ion)	_				
For fu	rther information concerning this ma	atter, ple	ease call	:				
	Worth McDaniell	at (_	404	)	219-0800			
	Name of Person			Area Cod	e & Daytime Telephone N	umber		
	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 follow	ving am	ount:					
	\$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.

Name of the limited liability company:	McDaniell RE LLC				
2. (a) Principal office address of limited liability company	2825 SW 22nd Avenue, Ste. 105				
(Note: MUST BE STREET ADDRESS)	Delray Beach, Fl 33445				
(b) Mailing address of limited liability company:	2825 SW 22nd Avenue, Ste. 105				
(Note: MAY BE POST OFFICE BOX)	Delray Beach, Fl 33445				
February 3, 2009	L09000010897				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:				
Registered Agent:	VERNON F MCDANIELL				
Registered Office Address:	14045 MANDARIN ROAD 50 9 JACKSONVILLE, FL. 32223				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Eunice Gallets				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2825 SW 22nd Avenue Ste. 105 Delrav Beach ,FL33445				
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  John W McDaniell, Jr.  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					

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