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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
JUN 15 2010
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: FILIP LLC Name of Limited	l 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 m	atter to the following:
JACEU BEDNARZ Name of Person	
FILIP LLC Firm/Company	
197 KIMBERLY PRI Address	ZEIO JUH III. SECRETAR TALLAHASS
PANAMA CITY BEACH, FL C	SECRETARY OF STATE FLORIDA
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, plea	ase call:
	757) 819 - 8639 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 amo	unt:
\$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.

1. Name of the limited liability company: F/L	IP LLC
2. (a) Principal office address of limited liability compan	2/
(Note: MUST BE STREET ADDRESS)	32413 DANAMA CITY BEACH, F
(b) Mailing address of limited liability company:	115 PARIDISO PL UNITA
(Note: MAY BE POST OFFICE BOX)	32413 PANAMA CITY BEACH, A
0212 3 109	L09000018296
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JACEK BEDNARZ
Registered Office Address:	115 PARIDIST PROPERTY FACH, FO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	197 KIMBERLY DRIVE PANAMACITY BEACH ,FL 32407
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby Florida street address of the registered office itical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the praid I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company hereby	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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