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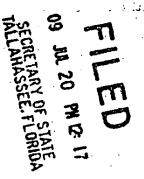
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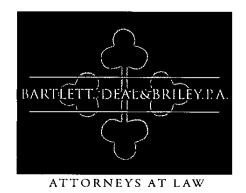
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S. HAWKES

JUL 2 1 2009

EXAMINER



TEL. (904) 285-5299 FACSIMILE: (904) 285-1640

INTERNET: www.jaxrelaw.com

MAIN OFFICE: 135 Professional Drive, Suite 101 Ponte Vedra Beach, FL 32082

July 17, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: 9N Roscoe, LLC

Dear Sir/Madam:

Please find enclosed the cover letter, Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and our firm's check in the amount of \$25.00. Please file same, and update your records to reflect the change in the name of the registered agent.

Please let me know if there are any questions or any other issues.

Sincerely,

Randall Bri

DRB/tlb

**ENCLOSURE** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: 9 N. Roscoe, LLC		
Name of Lir	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Robert W. Massey, Jr. Name of Person		
9 N. Roscoe, LLC		
Firm/Company		
4 The Croft	·	
Address ,		
Atlanta, GA 30342  City/State and Zip Code		
b.massey88@comcast.net E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter,	please call:	
Robert Massey a	t ( 678 ) 575-0931	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	1 Middle 1900 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enclosed is a check for the following a	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.

Name of the limited liability company:	9 N. Roscoe, LLC	
2. (a) Principal office address of limited liability compan	y: &	
(Note: MUST BE STREET ADDRESS)	4 The Croft Atlanta, GA 30342	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	4 The Croft Atlanta, GA 30342	
5/26/09	L0900050637	
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:	Baron L. Bartlett	
Registered Office Address:	135 PROFESSIONAL DRIVE, #101 Ponte Vedra Beach, FL 32082	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	D. Randall Briley	
NEW Registered Agent:  NEW Registered Office Address:	D. Randall Briley  135 PROFESSIONAL DRIVE, #101	
(MUST BE FLORIDA STREET ADDRESS)	Ponte Vedra Beach ,FL32082	
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		
Robert W. Massey, Jr.	_	
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited flability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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