## L09000052075

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Ďo	cument Number	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC **31** 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PALM BEACH ECTRESS, LLC  Name of Limited 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 matter to the following:
BAIAN (9AHBU Name of Person
Firm/Company  SECRETARY  Address  Address
Address  Lanhans, L 33462  City/State and Zip Code  Palmbracu Excluses Of Justin. Com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Dans Canda at (954) 592-7835  Name of Person 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 amount:
\$25 Filing Fee \$\int \text{\$55 Filing Fee & Certified Copy}\$\$\text{INHS18 (5/08)}\$

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: Alm BEAC	4 CXPRESS CCC
2. (a) Principal office address of limited liability company	: 522 W harrand ho
(Note: MUST BE STREET ADDRESS)	CANTANA, FL 33462
(b) Mailing address of limited liability company:	PAL BURES EXPRESS CU
(Note: MAY BE POST OFFICE BOX)	522 a GANTANT for
05/25/20	1 500
3. Date of filing/registration in Florida	<u>LOGOGOO ZO 757</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State: 2
Registered Agent:	Burn Carper 20, 2
Registered Office Address:	4197 Curus VISTA 750
	LAKE WOMH, FL 33461
(b) Enter name of NEW Degistered Agent and/or NEW	V Designational Office address:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	v Registered Office address:
NEW Registered Agent:	DANSO CONVICE
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	522 w listing, fo
	CANTANA ,FL 33462
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of member or authorized representative of a member	-
Printed or typed name of signee	-
21 5	gree to act in this capacity. I further agree to
and I am familiar with and accept the obligations of my pos	
chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.