## LU9000079544

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
<b>(</b>		
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LOSS Dunger an Name of Limited Li	d company LLC		
Name of Limited Li	ability 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 f	following:		
Jami Wilson Name of Person	<del></del>		
Name of Person			
Koss Olinger			
Firm/Company			
2700 NW 43rd St, Ste A			
Address	_		
Gainesville FL 32606			
City/State and Zip Code			
iamilia (a) k occolinger. com			
() E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
<i>,</i>			
Jami Wilson at 352	) <u>313·3331</u>		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
S25 Filing Fee S5	5 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 605.0114 or 605.0116, 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. Na	me of the limited liability company: Loss Dunger	and Company LLC
2. (a)	, , , , , , , , , , , , , , , , , , , ,	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2700 HW 43rd St, Ste A 2.	100 NW 43rd St, Ste A
	_	ainesville, FL 32606
	8.18.2009	LO9000079544
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	of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	20
	2100 NW 43rd St, Ste A	21 S
	Gamesville FL 32601	1021 SF7 - 7
(b)	Jami Wilson Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH 5:
	NEW Registered Office Address:	7
	2100 NW 43rd St., Ste A	
	Gainesville FL 32604	<u>&gt;</u>
change agent w was/we	mited liability company is not organized under the laws of the State of changes are made, the Florida street address of the registered office fill be identical. Or, in the case of a Florida limited liability company re authorized by an affirmative vote of the members of the limited liability less of organization or the operating agreement of the limited liability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	1-200 Will	
Signati	ure of a member or authorized representative of a member	Printed or typed name of sighee

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 605, 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