

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
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DEC 29 2009

EXAMINER



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DIVISION OF CORPORATION

09 DEC 28 PM ...



Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-782-2201 - Main 775-782-2611 - FAX

December 17, 2009

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399

Re:

All Glory To Him (Florida), LLC

Dear Clerk:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for LLC for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards,

Darla Shields

sula Shudda

DS:mc Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: All Glory To Him (Florida), LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Darla Shields		
Name of Person		
Corporate Direct Inc. Firm/Company	<u> </u>	
2248 Meridian Blvd., Suite H	<u> </u>	
Reno, NV 89423 City/State and Zip Code		
dshields@sutlaw.com E-mail address: (to be used for future annual report no	ification)	
For further information concerning this matte	r, please call:	
Darla Shields	at (775) 284-7165	
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	g 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.

1. Name of the limited liability company:	All Glory To Him (Florida), LLC	
2. (a) Principal office address of limited liability com	npany:	
(Note: MUST BE STREET ADDRESS)	495 Grand Boulevard	
(b) Mailing address of limited liability company:	Miramar Beach FL 32550	
(Note: MAY BE POST OFFICE BOX)	Miramar Beach, FL 32550	
08/24/2009	L09000081801	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:	
Registered Agent:	Marco Hallerbach	
Registered Office Address:	Öld City Building	
	201 East Government Street	
	Pensacola, FL 32502	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
NEW Registered Agent	Marco Hallerbach	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	495 Grand Boulevard, Suite 206	
	Miramar Beach ,Ft.32550	
If the limited liability company is not organized under confirmed that after the change or changes are made, to and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as sometimes of a member of authorized representative of a member	he Florida street address of the registered office identical. Or, in the case of a Florida limited	
Marco Hallerbach		
Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, ly position as registered agent as provided for in b merely reflect a change in the registered office pany has been notified in writing of this change,	
Signature of Registered Agent		

DIVISION OF CORPORATION