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Special Instructions to	Filing Officer:	
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SEP 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	LUNENBURG PROPERTIES, LLC		
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent	t/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence	ce concerning this matter to the following:		
LOUISE F	(II DOW		
Name of Pe			
Firm/Comp	pany		
11682 RIC	E LANE		
SENTONIVII	E AD 70740		
BENTONVILL City/State and I			
Ikildow@g E-mail address: (to be used for futu	mail.com ure annual report notification)		
For further information concer	ning this matter, please call:		
DALE A. DETTMI	ER at (321) 723-5646 Area Code & Daytime Telephone Number		
STREET/COURIER AI Registration Section Division of Corporations	DDRESS: MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	,		
Enclosed is a check fo	r the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2010

LOUISE KILDOW 11682 RICE LANE BENTONVILLE, AR 72712

SUBJECT: LUNENBURG PROPERTIES, LLC

Ref. Number: L09000087057

We have received your document for LUNENBURG PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 110A00021059

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:	LUNENBURG PROPERTIES, LLC
2. (a) Principal office address of limited liability	y company:
(Note: MUST BE STREET ADDRESS) 11682 RICE LANE BENTONVILLE AR 72712
(b) Mailing address of limited liability compa	any:
(Note: MAY BE POST OFFICE BOX)	11682 RICE LANE BENTONVILLE AR 72712
09/09/2009	L09000087057
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET
	TALLAHASSEE FL 32301 US
(b) Enter name of NEW Registered Agent a	nd/or NEW Registered Office address:
NEW Registered Agent:	DETTMER, DALE A
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDR.)	304 S. HARBOR CITY BLVD STE 201
	MELBOURNE ,FL32901
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member or authorized representative of a member	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
LOUISE KILDOW Printed or typed name of signee	
-	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

ced Agent