L09600087178

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B. KOHR

DEC 1 7 2010

EXAMINER

TO DEC 16 AN In: 36

COVER LETTER

Division of Corporations			
SUBJECT: UNDERBELLY LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	ż		
Please return all correspondence concerning this matter to the following:	5		
EMILY MOODY			
Name of Person			
UNDERBELLY LIC			
Firm/Company			
1021 PARK STREET			
Address			
JACKSONVILLE, FI. 32204			
OACKSONVILLE, FL 32204 City/State and Zip Code			
E-mail address: (to be used for future armust report notification)			
For further information concerning this matter, please call:			
EMILY MOODY at (904) 354-7002			
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			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Copy			

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 608.508, 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:UNDER	ebely uc
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	1021 PARK STREET JACKSONVILLE, FL 32204
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1021 PARK STREET JACKSONVILLE, FL 32204
¥.9/9/2009	L09000087178 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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. SLEMMER, SHEA A
Registered Agent:	SLEMMER, SHEA A 3
Registered Office Address:	1415 BOULEVARD STANDINE, FL 32206
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: EMILY MODDY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JACKSWVIUE FL 32204
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited
SHEA A SLEMMER	
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 praid and I am familiar with and accept the obligations of my pochapter 600. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability 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