09000089850

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
Special Instructions to Filing Officer:							
,							

Office Use Only



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12/11/09--01010--015 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 DEC 11 AH II:

M. THOMAS

CEC 14 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ			_	- Southeast, L y Company	LC		
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered C	Office Cl	hange a	nd fee(s) are subm	nitted for filing.		
Please	e return all correspondence concerning	this ma	tter to th	he following:			
	J. Scott Banta Name of Person						
	The Holding Company - Southea	st, LLC					
E	Firm/Company 1101 Douglas Avenue, Suite Address Altamonte Springs, FL 32714 - City/State and Zip Code scottbanta@thcse.com -mail address: (to be used for future annual report r	2033)	-	TALLAHASSEE. FLORIDA		
For further information concerning this matter, please call:							
	Scott Banta Name of Person	_ at (407 A	774 - 2 rea Code & Daytime Te	2144 x 209		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 323	3		
Enclosed is a check for the following amount:							
	\$25 Filing Fee		\$55	Filing Fee & Cer	tified 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: The Hole	ding Company - Southeast, LLC					
2. (a) Principal office address of limited liability company	1101 Douglas Avenue, Suite B					
(Note: MUST BE STREET ADDRESS)	Altamonte Springs, FL 32714 - 2033					
(b) Mailing address of limited liability company:	PO Box 160037					
(Note: MAY BE POST OFFICE BOX)	Altamonte Springs, FL 32716 - 0037					
9/17/09	L09000089850					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:					
Registered Agent:	Scott Banta					
Registered Office Address:	117 S. French Avenue Sanford, FL 32771					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	1101 Douglas Avenue Suite B Altamonte Springs, FL 32/14/2033					
If the limited liability company is not organized under the laws of the State of Florida is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Scott Banta						
Printed or typed name of signee						
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F(S, Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registerer Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00