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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

SEP 10 2010

EXAMINER

## **COVER LETTER**

<b>ȚO:</b> Registration Section Division of Corporation	s
SUBJECT:	Best Bay Properties LLC  Name of Limited Liability Company
Dear Sir or Madam:	
	/D '
The enclosed Registered Agenta	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
STEPHEN H	
Name of Per	son
BEST BAY PROF	
Firm/Compa	ARE SEP
5215 POINT HA	
Address	F ST FLIT
APOLLO BEAC	
•	
SFURBER@BESTBAY E-mail address: (to be used for future	PROPERTIES.COM e annual report notification)
For further information concern	ing this matter, please call:
STEPHEN H. FURE	BER at ( 813 ) 422-5600
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Cir	P.O. Box 6327 rcle Tallahassee, Florida 32314
Tallahassee, Florida 3230	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for	the following 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:	BEST BAY PROPERTIES, LLC		
2. (a) Principal office address of limited liability co	mpany:		
(Note: MUST BE STREET ADDRESS)	5214 POINT HARBOR LANE APOLLO BEACH, FL 33572		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	PO BOX 3471 APOLLO BEACH, FL 33572		
09/18/09	L09000090592		
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:			
Registered Agent:	STEPHEN H. FURBERER		
Registered Office Address:	APOLLO BEACH, FL 33572		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	9r 7		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1012 SPINDLE PALM WAY APOLLO BEACH ,FL33572		
If the limited liability company is not organized under the laws of the State of Florida, it 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 or authorized representative of a member			
STEPHEN H. FURBER Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address I hareby confirm that the limited liability confirmature of Registered Agent	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ompany has been notified in writing of this change.		

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