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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	ewbold Miller, LLC ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Channon MacEachern Name of Person		
Bernick, Lifson, Greenstein, Greene & Firm/Company	Liszt	
5500 Wayzata Blvd, Suite 1200 Address	<del></del>	
Minneapolis, MN 55416  City/State and Zip Code	<del></del>	
cmaceachern@bernicklifson.com E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	lease call:	
CHANNON MACEACHERN : at a	( 763 ) 546-1200  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 ar	nount:	
\$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:	T.A. Newbold Miller, LLC		
2. (a) Principal office address of limited liability co	ompany: Thomas	s Miller	
(Note: MUST BE STREET ADDRESS)	270 Queens Lane Palm Beach, Ft. 33480	270 Queens Lane Palm Beach, Ft. 33480	
(b) Mailing address of limited liability company	: Thomas Miller		
(Note: MAY BE POST OFFICE BOX)	270 Queens Lane Palm Beach, FL 33480		
2/4/10	L100000134	L10000013467	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida De	ept. of State:	
Registered Agent:	Thomas Miller		
Registered Office Address:	244 Palmo Way Palm Beach, FL 33480	SEC S	
. ,	raini peauli, FL 33400.		
(b) Enter name of <u>NEW Registered Agent</u> and	/or <u>NEW Registered Office addre</u>		
NEW Registered Agent:	Thomas Miller		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES	270 Queens Lane	ATE S	
(11001 00 1 2011), 5111211 1122	Palm Beach	,FL <u>33480</u>	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or or the operating agreement of the limited liability of Signature of a member or authorized representative of a member	e, the Florida street address of the rebe identical. Or, in the case of a Florida street, was lying any thorized by an	egistered office orida limited affirmative vote	
Thomas Miller		•	
Printed or typed name of signee	<del>Bartana kan pana kan kan kan kan kan</del> da		
I hereby accept the appointment as registered ages 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 file address, I hereby confirm that the limited liability of Signature of Registered Agent	nt and agree to act in this capacity, of the proper and complete performant in the proper and complete performant in the performant in the performant has been notified in writing.	I further agree to the of my duties, provided for in registered office g of this change.	

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