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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: <u>Flatfoot Trestments L.L.C.</u> Name of Limited Liability Company			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ROBERT ROWAN Name of Person			
Firm/Company			
4143 US HWY 441S #46 Address			
OKEECHOBEE FL 34974 City/State and Zip Code			
MALABARBOB @ GMAIL . COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ROBERT ROWAN at (321) 506-0371			
Name of Person 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 amount:			
\$25 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.

agoni, or oon, in the other of 1 torsaid.	
1. Name of the limited liability company: Flat Fo	ot Investments L.LC.
2. (a) Principal office address of limited liability company	y: 1409 Apple Valley Dri
(Note: MUST BE STREET ADDRESS)	Howard Ohio 43028
(b) Mailing address of limited liability company:	1409 Apple Valley Drive
(Note: MAY BE POST OFFICE BOX)	Howard Ohio 43028
02/16/2010	L10000017726
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:	Richard Parker
Registered Office Address:	417 Magnolia Ave
	Melbourne Beach, Fl 3295
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	ROBERT ROWAN
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4143 US HWY 441 S #16
MOST BE TECHNOTA STREET ADDRESS	OKERCHOBEE ,FL 34974
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. Signature of a member or authorized representative of a member	larida etropt address of the registered office
Michael G Ruffner	
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 property of an implication with and accept the obligations of my pochapter 608, [F.S.] Or, if this document is being filed to me address, [I hereby confirm that the limited liability company. Signature of Registered Agent	raree to act in this canacity. Dhurther agree to

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