10000020266

(Re	equestor's Name))	
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PIÇK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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2010 OCT -4 AM ID 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT - 5 2010

EXPANSIVER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	CCT: The Village Accountant, LLC Name of Limited Liability Company		
	Name o	on Enlined Elability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerni	ing this matter to the following:	
	Gary Henriksen		
	Name of Person	ZEUR OCT -4 AM DE STATE SECRETARY OF STATE TALL AHASSEE, FLORID	
		AR S	
	The Village Accountant, L	LLC ASSET	
	Firm/Company	SA +	
	328 Emmalee Place		
	Address		
		J.	
	The Miller of El 00400	•	
	The Villages, FL 32162 City/State and Zip Code	<u>Z</u>	
	City/state and Zip Code		
	ironfinl@compost not		
E	ironfinl@comcast.net -mail address: (to be used for future annual repo	ort notification)	
For fi	arther information concerning this ma	natter, please call:	
	GaryHenriksen	at (770) 222-0881	
	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 follow	wing 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.

agent, or both, in the State of Florida.			
1. Name of the limited liability company:	ne Village Accountant, LLC		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	328 Emmalee Place The Villages, FL 32162		
02-23-2010	L10000020266		
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:	Gary Henriksen		
Registered Office Address:	328 Emmalee Place		
	- CO - 1, 1		
	™ Cn		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Same		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	328 Emmalee Place The Villages ,FL32162		
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 of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter of the State of the proper of the comply reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registerel Agent			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00