

L1000025364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

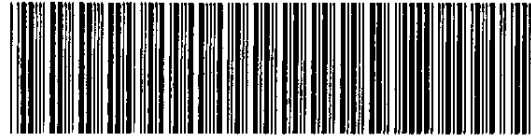
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE
MAR - 4 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flagler Trace Realty, LLC
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:

Terrell Newberry
Name of Person

Flagler Trace Realty LLC
Firm/Company

8826 Goodby's Executive Dr. Suite C-103
Address

Jacksonville, Florida 32217
City/State and Zip Code

terrellnewberry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrell Newberry at (904) 349-8694
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

\$55 Filing Fee & Certified Copy

*This is for
Change of
ADDRESS ONLY*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Flagler Trace Realty, LLC

2. (a) Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 3-8-10

4. Document number: L10000025364

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: _____
Registered Office Address: _____

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: _____
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 8826 Goodby's Executive Drive
Suite C-103
Jacksonville, FL 32217

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.

Terrell Newberry
Signature of a member or authorized representative of a member

Terrell Newberry
Printed or typed name 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Terrell Newberry
Signature of Registered Agent

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