

U00000045802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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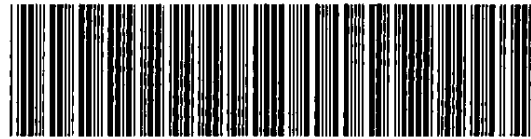
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 15 2010

EXAMINER

U0-45802

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discount Foreclosures 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:

Octavia Smith

Name of Person

Discount Foreclosures LLC

Firm/Company

2 Seagull Place

Address

Palm Coast FL 32164

City/State and Zip Code

discountforeclosures10@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Octavia Smith

Name of Person

at (386)

437-2708

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

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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: Discount Foreclosures Tax ID #01-0962698

2. (a) Principal office address of limited liability company: 2 Seagull Place



(Note: **MUST BE STREET ADDRESS**)

Palm Coast, FL, 32164

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

P. O. Box 353744 Palm Coast FL 32165

April 28, 2010

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:

Jerome Smith

Registered Office Address:

2 Seagull Place

Palm Coast FL, 32164

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

Octavia Smith

NEW Registered Office Address:

2 Seagull Place

(MUST BE FLORIDA STREET ADDRESS)

Palm Coast, FL, 32164

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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.

Ms. Lousia Maurice
Signature of a member or authorized representative of a member

Lousia Maurice

Printed or typed name of signer

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.

Octavia Smith
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00