## L10000070923

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600185224786

09/10/10--01015--023 \*\*55.00

FILED ...

10 SEP 10 PM 2: 04

SEGNETARY OF STATE

THE MASSEE FLORID.

## **COVER LETTER**

TO: Registration Section Division of Corporations	at-	
SUBJECT: Heafts Chad Ventures, 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:		
Channon Bailey Name of Person	<u>.                                  </u>	
Hearts Chard Ventures, L	LC_	
5337 N. Socrum Loop F	4.114.6	
Lateland, FL 33809 City/State and Zip Code		
Channon, bailey a hotmail en E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter	, please call:	
	at (863) 899-4887	
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	

## 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: ##earls Ch	and Ventures, LLG =
2. (a) Principal office address of limited liability compan	y: SE
(Note: MUST BE STREET ADDRESS)	1721 Ashford Trice - Laceland, FL 5889
(b) Mailing address of limited liability company:	FLOT
(Note: MAY BE POST OFFICE BOX)	5337 N. Socn Fit 550 Rd. #111 Lakeland, FL 33809
Jul 06,2010	L10000070923
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:	Channer Bailey
Registered Office Address:	Halle Senande Lakeland, FL 33810
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Channon Bailey 7721 Ashford Drive
	Lakelard ,FL 33810
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Channon Bailey Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

Signature of Registered Agent