L100000 98556

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EXAMINER

600187289356 11/02/10--01017--019 ***50.00

COVER LETTER-

TO: Registration Section Division of Corporations		
	n Delaney Freeman, LLC of Limited Liability Company	-
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Michael L. Crofts Name of Person		
Michael L. Crofts, P. A.		
Firm/Company		
P. O. Box 915505 Address		
Longwood, FL 32791-55 City/State and Zip Code	505 二 (28 MNOY -2
E-mail address: (to be used for future annual repo	it notification)	***
For further information concerning this ma	atter, please call: المالية المالية atter, please call:	
Michael L. Crofts	at (407) 682-1043	- -
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ving 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:	Brian Delaney Freeman. LLC				
2. (a) Principal office address of limited liability company:		Brian Delaney	Brian Delaney Freeman, LLC		
(Note: MUST BE STREET ADDRESS)		2 Florida Ave nge City, FL 32763			
(b) Mailing address of limited liability company:		Brian Delaney Fr	eeman, LLC		
(Note: MAY BE POST OFFICE BOX)		1492 Florida Ave Orange City, FL 32763			
September 21, 2010		L10000098	556		
3. Date of filing/registration in Florida	4. Do	ocument number			
5. (a) Registered Agent and Registered Office shown	on the rec	ords of the Florida D	ept. of State:		
Registered Agent:	Bria	n E. Freeman	<u> </u>		
Registered Office Address:	<u>1492</u> <u>Orar</u>	2 Florida Ave nge City, FL 32763	HO Y		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	<u>Lilet</u> Bria	h Delaney Freeman n Delaney Freeman			
(MUST BE FLORIDA STREET ADDRESS)		2 Florida Ave nge Citv	,FL32763		
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or an authorized representative of a member	the laws on the Florida dentical. (ge(s) was/otherwise p	of the State of Florida, street address of the roor, in the case of a Flowere authorized by an	registered office orida limited affirmative vote		
Lileth Delaney Freeman Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree t e proper a y position o merely re pany has l	o act in this capacity. nd complete performa as registered agent as flect a change in the i been notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.		
Signature of Registered Agent					

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