L10000101477

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J. SAULSBERRY EXAMINER JAN 2 8 2013

COVER LETTER

TO: Registration Section Division of Corporations	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Adella CUSNINA Name of Person	
The van der Walde	: Group LLC
Firm/Company 2811 E StVONGST	7013 JAN 25
Address PENSACHA FL 3 City/State and Zip Co	TI REPORT OF THE PROPERTY OF T
E-mail address: (to be used for future and	1.00m
For further information concerning	•
Adella CUSNING Name of Person	at (202) 997-7471 Area Code & Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the	e 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:	n der Walde Group LLC
2. (a) Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	-1
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
9/28/2010	L10000101477
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Addla van der Walde
Registered Office Address:	177 S. Plagler Dr Wist tower stute 800
	West raim Brach, EL 33401
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	Adella Cushing
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2811 E strong St
	gensacola ,FL 32603
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office
and operating agreement of the injured naturity company.	20 1.
Signature of a member or authorized representative of a member	
Adella cushing	
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity, Lighther agree to roper and complete performance of my duties, osition as registered agentasiprocisied for in the registered office on the registered office ny has been notified in writing of this change.
Signature of Registered Agent	

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