L10000 105544

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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2010 OCT 26 AM 11: 3

J. SAULSBERRY EXAMINER

OCT 27 2010

COVER LETTER

Registration Section

Division of Corpo	rations					
SUBJECT:	Burr	man Ent	erprises, LL	С		
			ability Compan			
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered (Office Cha	nge and fee(s) a	re submitted	for filing	ζ.
Please return all correspo	ndence concerning	this matte	r to the followin	ng:		
	ne A. Burman					
1701	ic of reison					
	Enterprises, LLC n/Company					
	vard De L' Orlean	ns				1
	udicss				M 2	
	sther, FL 32569				L A.F	10 OC
City/Sta	te and Zip Code				TA-R ASS	ŽŪ ĪŪ OCT 26
dbur E-mail address: (to be used	ma@cox.net	notification)				AH
For further information co	_		call:		STATE LORIDA	III: 36
Duane A. B	urman	_at (<u>8</u> !	50)	581-345	i0	
Name of Person	n		Area Code & D	aytime Telephon	e Number	
STREET/COURIL			MAILING ADI			
Registration Section Division of Corpora			Registration Sec Division of Corp			
Clifton Building	IIIOIIS		P.O. Box 6327	mations		
2661 Executive Cer Tallahassee, Florida	· ·		Tallahassee, Flo	rida 32314		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

Name of the limited liability company:	Burman Enterprises, LLC		
2. (a) Principal office address of limited liability company	: 829 Boulevard De L' Orleans		
(Note: MUST BE STREET ADDRESS)	Mary Esther, FL 32569		
(b) Mailing address of limited liability company:	829 Boulevard De L' Orleans		
(Note: MAY BE POST OFFICE BOX)	Mary Esther, FL 32569		
10/8/2010	L10000105544		
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:	BURMAN, DUANE A		
Registered Office Address:	829 BOULEVARD DE L' ORLEANS MARY ESTHER FL 32569		
NEW Registered Agent:	Corporation Service Company		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	•		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL32301		
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Duane A. Burman Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of the obligations of my positive to the product of the provisions of the limited liability company. Signature of Registered Agent Lamont W INGSON of Sortations, P.O. Box 63:	aws of the State of Floride It is hereby lorida street address of the registered office ical. Or, in the case of a Horida Panited was/were authorized by an affirmative vote wise provided in the articles of manization. The provided in this capacity of further agree to sper and complete performance of any duties sition as registered agent as provided for rely reflect a change in the registered office has been notified in writing of this change		