## 110000111840

. (Requestor's Name)				
(Address)				
(Address)	<u></u>			
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	IL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	2			
Special Instructions to Filing Officer:				
	:			
A. LUNT				
NOV 1 0 2010				
EXAMINER				

Office Use Only

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## **COVER LETTER**

то:	Registration Section Division of Corporatio	ns				
SUBJ	ECT:	STARKE RV, E		& MORE, LLC by Company		
Dear S	Sir or Madam:					
The en	nclosed Registered Agen	nt/Registered Office	Change a	and fee(s) are submitte	ed for filing.	
Please	return all corresponden	ce concerning this m	natter to t	he following:		
	RICHARD			_		
	Name of F	'erson				
	Firm/Com	nany		_	As 2	
					2010 NOV -9 PH 4: 1/1 SECRETARY OF STATE LLAHASSEE, FLORIDA	
	J 1558 SOUTH WA	ALNUT STREET			OV AS	Tea.
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	Project process	•			OV-9 PH LASSEE, FLO	
	the state of the s			4	Co #	1
	STARKE,I	FL. 32091				ند. سن
	City/State and	Zip Code		-		
E.	NO CHANGE TO I	EMAIL ADDRESS	on)	-		
	rther information concer					
	DOUG REDDIS	SH at (_	904	) 964-75		
	Name of Person		A	rea Code & Daytime Teleph	one Number	
	STREET/COURIER A	DDDECC.	МАТ	LING ADDRESS:		
	Registration Section	DDKE33:		stration Section		
	Division of Corporations  Division of Corporations					
	Clifton Building P.O. Box 6327					
	2661 Executive Center C	Sircle		hassee, Florida 32314		
**	Tallahassee, Flórida 323			•		
	Enclosed is a check for	or the following am	ount:			
	\$25 Filing Fee		\$55	Filing Fee & Certific	ed 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:STARI	KE RV, BOATS & M	MORE, LLC			
2. (a) Principal office address of limited liability company	: 1558 SOUTH	WALNUT STREET			
(Note: MUST BE STREET ADDRESS)	STARKE,FL 32091	2010 NO			
(b) Mailing address of limited liability company:	SAME	A SAVITA			
(Note: MAY BE POST OFFICE BOX)					
OCTOBER 26, 2010	L100001	11840			
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:	RICHARD A JONES				
Registered Office Address:	1540 SOUTH WALNU STARKE,FL. 32091	JT STREET			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office add	lress:			
<u><b>NEW</b></u> Registered Agent:	RICHARD A JONES	(SAME)			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1558 SOUTH WALNU	JT STREET			
1.7.001 22 110 110 110 110 110 110 110 110 1	STARKE	,FL <u>32091</u>			
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 of the operating agreement of the limited liability company.					
Signature of a member or authorized representative of a member					
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 provision and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to mendadress, I hereby confirm that the limited liability company	gree to act in this capaci sper and complete perfor sition as registered agen rely reflect a change in th has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.			
Signature of Registered Agent					

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

INTESTS (05/08)