110000120288

(Requestor's Name)						
(Address)						
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(0)	101-1-171: /Db	- 40				
(City	/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: MBH Pro	lerties ilc				
	SUBJECT: MBH Proferfies LLC Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.				
Please	return all correspondence concerni	ng this matter to the following:				
	Rala II. L					
	Brady Hart Name of Person					
	MBH Properties	LLC_				
	- •					
_21	51 candle r.dge Address	<u></u>				
		2				
	Viedo FL 3276 City/State and Zip Co	<u>S</u>				
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this ma	atter, please call:				
B	rady Hart	at (407) 619-004/ Area Code & Daytime Telephone Number				
	'/ Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS	: MAILING ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the pravisions of sections 605.0114 or 605.0116, 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.

l.	Na	me of the limited liability company:	oferties	LLC
2.	(a)		(b)	
	, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2151 Candleridge Ct		Same
		Ovied: FL 32765		
		11/19/2010		L10000120288
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Brady A Hart		
		Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	f State:
		Prince I OS - A I I - A AVIOT DE EL ODID A GENERE A	DDDEGG:	
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDKESS)</u>	TARE TARE
		201 Northstar Ct		
		Sanford PL 32771, FL		NOV -3
	(b)	Brady A. Hart		P
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	——————————————————————————————————————
				3: 49
		NEW Registered Office Address:		
		2151 Candleridge Ct		
		<i>,</i>		
		ove do , FL	3276	<u>, S</u>
the age	cha ent w s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawy.	the registered of bility company f the limited lia	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in
_	Signat	nure of a member or authoritest representative of a member		Printed or typed name of signee
pro the to	oviși e obli mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act in this performance of I for in Chaptel ereby confirm	capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent