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Office Use Only



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TO: Registration Section Division of Corporations	•	
SUBJECT: SPINDRIFT GAOS Name of Limited I	NEN PROPERTIES LLC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
CRAIG HARBEN Name of Person		
Firm/Company		
2218 WEST SAN REMO DRIVE		
Address		
MERIDIAN IDAHO 83646		
City/State and Zip Code		
Charbin a gmail. com E-mail address: (to be used for future annual report notification)	<u> </u>	
For further information concerning this matter, please	e call:	
CRAIS HARBIN at (8	Area Code & Daytime Telephone Number	
. Marie of Person	, .	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations 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	

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.

	\frown \bigcirc \bigcirc
1. Name of the limited liability company:	SPINORIFT GAUSOEN PROPERTIES LL
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	ility company: 2218 W. SAN RENO NATUE
	MERSONAN, IDAHO F364L
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE BO	(\dot{X})
	MERIOGAN, IDAHO P3646
12/23/2010	L10000 130 P65
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	ce shown on the records of the Florida Dept. of State:
Registered Agent:	CRAIR W. HARBIN
Registered Office Address:	4252 SHERBORNE ROAD
	VALLMHMISEE, FLA. 32903
(b) Enter name of NEW Registered Ager	at and/or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	526 EAST PARK AVENUE
MUST BE FLORIDA STREET AD	VALINHASIEC ,FL 3230)
confirmed that after the change or changes are	ed under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of or as otherwise provided in the articles of organization or y company.
•	l agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is bein address I hereby confirm that the limited liab	i agent and agree to act in this capacity, I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent by provided for in ag filed to merely reflect a change in the registered office litty company has been notified in writing of this change.
Signature of Registered Agent	SSE 3 F
	P.O. Box 6327, Tallahassee, FL 323年 呈 ING FEE: \$25.00