L11000000416

(Requestor's Name)
(Address)
(Address)
(riddroso)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Business Ellis) Hulley
(Document Number)
Certified Copies Certificates of Status
Cassial landwarf and to Filing Office
Special Instructions to Filing Officer:
·

Office Use Only



400198362184

03/22/11--01017--007 **55.00

DIVISION OF CORPERATION

N. Cuffigen MAR 2 3.2011

COVER LETTER

•	
TO: Registration Section Division of Corporations	
SUBJECT: Isaa	c Byrd, LLC
	d Liability Company
Name of Limite	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Isaac Byrd	
Name of Person	
Isaac Byrd, LLC	
Firm/Company	
14901 Indigo Lake Dr	
Address	
Orlando/Florida 32824	
City/State and Zip Code	
byrd93@hotmail.com E-mail address: (to be used for future annual report notificati	on)
E-man address. (to be used for future annual report nonnean	ony
For further information concerning this matter, ple	ase call:
, or ranged information conferming and manner, pro-	
Isaac Byrd at (at (_	407) 569.6080
Name of Person	Area Code & Daytime Telephone Number
	MAN ING ADDROG
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 32314
Tallahassee, Florida 32301	i ananassos, i longa sus 17
a satisficación of a contrata describ	
Enclosed is a check for the following am-	ount:
\$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:	Isaac Byrd, LLC	
2. (a) Principal office address of limited liability company	y: 14901 Indigo Lak	e Dr.
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32824	DIW 1
(b) Mailing address of limited liability company:	14901 Indigo Lake Dr	M O
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32824	0F CDF
January 03, 2011 3. Date of filing/registration in Florida	L11000000416 4. Document number	CDHPORATIONS 2 PH IZ 01
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of S	State:
Registered Agent:	Matt Pfleging, US Corp. Agent	s
Registered Office Address:	United States Corporation Age 13302 Winding Oaks Blvd. Sui Tampa, FL. 33612	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	Isaac Byrd	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14901 Indigo Lake Dr Orlando ,FL	32824
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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	lorida street address of the registere tical. Or, in the case of a Florida lir) was/were authorized by an affirmative and articles of org	ed office nited ative vote
Isaac Byrd 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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, Lhereby confirm that the limited liability company	igree to act in this capacity. I furth oper and complete performance of sition as registered agent as provide rely reflect a change in the register y has been notified in writing of thi	er agree to my duties, led for in ed office s change.

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

Signature of Registered Agent