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SECRETARY OF STATE

B. BOSTICK

JUL 11 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	·	
SUBJECT: B.K. STALLARD LLC			_
	Name of Li	imited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning t	this matter to the following:	
	MICHAEL CONNER TURNER	iR .	
	Name of Person		
	B.K. STALLARD, LLC.	,	
	, mill company		
	1201 W 20TH STREET		
	Address	LLAHASSEE, FLORID	
			estru
	SANFORD, FLORIDA 32771	1	414m 21
City/State and Zip Code		3	
			1
	clconner082662@att.net	ORI	
I	E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
	CONNIE LYNN CONNER	at (407) 314-1828	_
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Registration Section Division of Corporations P.O. Box 6327	
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	Tananasse, Frenda 525 F	
	Enclosed is a check for the following	og 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.

Name of the limited liability company:	B.K. STALLARD, LLC.	
2. (a) Principal office address of limited liability company	y: 1201 W 20TH STREET	
(Note: MUST BE STREET ADDRESS)	SANFORD, FLORIDA	
(b) Mailing address of limited liability company:	1201 W 20TH STREET	
(Note: MAY BE POST OFFICE BOX)	SANFORD, FLORIDA 32771	
02/22/2011	L11000023873	
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:	LIABLE, EA, JULIE D	
Registered Office Address:	121 DUNDEE RD	
,	DAYTONA BEACH, FLORIDA 32118	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> NEW Registered Office Address:	BRYAN K. STALLARD 1201 W 20TH STREET	
(MUST BE FLORIDA STREET ADDRESS)	SANFORD ,FL32771	
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 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 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 province of a member of am familiar with and accept the obligations of my porchapter 608, F.S. Or, if this document is being filed to me and ress, I hereby confirm that the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization with the articles of organization and complete performance of my duties	