

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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EXAMINER



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COVER LETTER

Amendment Section Division of Corporations

TO:

	D : 01		
SUBJECT:	Burris Oleano Name of Co	orporation	
DOCUMENT NUMBER	IBER:L11000034650		
The enclosed Statement o	Change of Registered Office	e/Agent and fee are submitted for f	iling.
Please return all correspon	ndence concerning this matter	to the following:	
	Virginia Name of Cor	Burris ntact Person	-
	Burris Olea	inder, LLC	
	Firm/Co	mpany	
	422 Euni Addi		
E-ma	Lakeland, I City/State an I address (to be used for fi	FL 33803 ad Zip Code Compared VCbv utdre annual report notification)	rris 886 aol. co
For further information co	ncerning this matter, please c	all:	
	nia Burris ontact Person	at (<u>863</u>) <u>287</u> Area Code & Daytime Telep	7-7004 phone Number
Enclosed is a \$35.00 chec	k made payable to the Depart	ment of State.	
Д Р	<u>Mailing Address:</u> Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

STÄTEMENT 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: Burris Oleander, LLC			
2. (a) Principal office address of limited liability company	100 - 00		
(Note: MUST BE STREET ADDRESS)	LIUD, FC 33803		
(b) Mailing address of limited liability company:	422 Eunice Rol		
(Note: MAY BE POST OFFICE BOX)	halleland, FL 33803		
03/22/11	L11000034650		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	Spiegel + Utrera, P. A		
Registered Office Address:	1840 S.W. 22 nd St. 444 Floor Miami, FL 33145		
(b) Enter name of NEW Registered Agent and/or NEW	CO million		
NEW Registered Agent:	Virginia Buenis		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	422 Eunice Rd = -		
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 or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
BRENT BURNIS 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 provided of the provisions of all statutes relative to the provided to the provided to the provided to the configuration of the provided to the configuration of the provided to the configuration of the provided to the	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			
Division of Cornerations, P.O. Box 63	27. Tallahassee, FL 32314		

FILING FEE \$25.00

INHS18 (05/08)