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B. BOSTICK
DEC - 6 2011
EXAMINER

COVER LETTER

Division of Corporations	
	chleppers, LLC d Liability Company
Name of Emilies	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	atter to the following:
Mark Melancon	
Name of Person	
BoardSchleppers, LLC Firm/Company	
Firm/Company	
45504 OLIMA O	
15501 Old McGregor Blvd Ste 1 Address	
Fort Myore El 22009	Age in
City/State and Zip Code	
E-mail address: (to be used for future annual report notification	
E-mail address: (to be used for fullifie affitial report notification	<u>n)</u>
For further information concerning this matter, plea	ase call:
	DA DA
at (239 404-7453
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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR SOTH 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:	BoardSchleppers, LLC
2. (a) Principal office address of limited liability company	y: <u>15501 Old McGregor Blvd Ste 1</u>
(Note: MUST BE STREET ADDRESS)	Fort Myers FL 33908
(b) Mailing address of limited liability company:	15501 Old McGregor Blvd Ste 1
(Note: MAY BE POST OFFICE BOX)	Fort Myers FL 33908
April 15, 2011	L11000045316
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:	BizFilings Incorporated
Registered Office Address:	1203 Governors Square Blvd Ste 101 Tallahassee, FL 32301-2960
NEW Registered Agent:	Mark Melancon
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15501 Old McGregor Blvd Ste 1 Fort Mvers
MOST BE I BOILD/I STREET /IDDRESS)	,FL33908
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	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
Market	
Signature of a member or authorized representative of a member	AHASSS - S
Mark Melancon Printed or typed name of signee	<u>-</u> 변호 교 대
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	****

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

H1010 (05/00)

Signature of Registered Agent