#1/1000555072

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(business Entity Name)
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K. SALY EXAMINER SEP 1 4 2011

COVER LETTER

Division of Corporations				
SUBJECT: Complet Development, LLC Name of Limited Liability Company				
Name of Limited 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 matter to the following:				
Tell Dav S Name of Person				
Compleat Development, LLC Firm/Company				
214 Pennacle Trace Dr. Address				
July Fer FL 33458 City/State and Zip Code				
Teff Day 5 1960 2 gman. Com E-mail address: (to be used for future annual septort notification)				
For further information concerning this matter, please call:				
Telf Day S at (561) 28 4- 9989 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\ \tag{\$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 60 liability company submits the following st agent, or both, in the State of Florida.	08.416 or 608.508, catement in order to	Florida Statutes, i change its registe	he undersigned l red office or reg	limited istered
1. Name of the limited liability company:				

1. Name of the limited liability company:	pleat vevelopment, ccc
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	1700 Ports Lane South Smite
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same
3. Date of filing/registration in Florida	L 11000055072 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Jeff Davis
Registered Office Address:	1700 Park Lane South Sunte 3
	Jug 74, FL 33458
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	214 Rennock Trace Dr. Jug 1765 FL 33458
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other of the operating agreement of the limited liability company	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
	SEA L
Signature of a member of authorized representative of a member	12 III
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter \$08, F\S.\Or(i\text{i}his document is being filed to m address, \hereby confirm\that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my dulies, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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

INHS18 (05/08)

Signature of Regis