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SECRETARY OF STATE

T. CLINE

MAY 14 2012

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Interstate + 70 Name of Limited	Liability Company	
Dear Sir or Madam:	, , ,	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted f	for filing.
Please return all correspondence concerning this ma	tter to the following:	
Robot Headle e Name of Person		
Interstate 4 70 LLC Firm/Company		
7305 Storte Road 7D [	Eagt	<b>2016</b> SEC FALL!
Bradaron F) 34203 City/State and Zip Code	· ·	RETARY OF STAHASSEE, FLO
Creekwood BP@ Gmay) - Cor E-mail address: (to be used for future annual report notification	,	AMILION OF STATE FLORIDA
For further information concerning this matter, please		
Robert Headler at (	741, 756-2458	
Name of Person	Area Code & Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amou	int:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## STATEMENT, OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered
1. Name of the limited liability company:	ate 470 LLC
2. (a) Principal office address of limited liability company:	7305 5+R570 Earf
(Note: MUST BE STREET ADDRESS)	Bradenin =1 34203
(b) Mailing address of limited liability company:	Same
(Note: MAY BE POST OFFICE BOX)	
1-9-2012	L11800070054
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	
Registered Agent:	Coos Street Parks
Registered Office Address:	200 Jouth Orang Des Sampora FI SMESE
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	Registered Office address
NEW Registered Agent:	400ed Traght
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3305 53rd ADE E187  Bradenten F1  FL 34203
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Situature of a member or authorized representative of a member	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Printed or typed name of signee	
Thereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project of I am familiar with and accept the obligations of my positional laminary of the confirmation of the limited liability company signature of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.