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B. BOSTICK
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporatio	ns
SUBJECT:	BATCHCO ONE, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agen	nt/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
JENNIFER BA	
BATCHCO	
7195 WAELTI Address	
MELBOURNI City/State and	E, FL 32940
FURNITURENCE E-mail address: (to be used for future for	DW@ME.COM ure annual report notification)
For further information concer	ning this matter, please call:
JENNIFER BATCHE Name of Person	at (321) 205-1721 Area Code & Daytime Telephone Number
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for	r the following 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:	BATCHCO ONE, LLC			
2. (a) Principal office address of limited liability compar	ay: BATCHCO ONE, LLC			
(Note: MUST BE STREET ADDRESS)	7195 WAELTI DR, STE 101			
	MELBOURNE, FL 32940			
(b) Mailing address of limited liability company:	BATCHCO ONE, LLC			
(Note: MAY BE POST OFFICE BOX)	7195 WAELTI DR, STE 101 MELBOURNE, FL 32940			
6/21/2011	L11000071763			
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:	BATCHELLOR, THOMAS M			
Registered Office Address:	7195 WAELTI DR			
	STE 101 MELBOURNE, FL 32940			
	MICEBOORINE, FL 32940			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: JENNIFER BATCHELLOR			
NEW Registered Office Address:				
(MÜST BE FLORIDA STREET ADDRESS)	,FL			
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. JENNIFER BATCHELLOR Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amijamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F, S. Or, if this document is being filed to merely reflect a change in the registered office address, I have by cartirm that the limited liability company has been notified in writing of this change. Signature of Registeral Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
FILING FEE: \$25.00				

INHS18 (05/08)