## 110000085550

| (Requestor's Name)                      |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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EXAMINER

## **COVER LETTER**

| TO:   | Registration Section Division of Corporation  | s                                |                  |                              |                                  |              |                                       |           |                        |
|-------|---|----------------------------------|------------------|------------------------------|----------------------------------|--------------|---------------------------------------|-----------|------------------------|
| SUB   | JECT:   | Case & A                         |                  |                              |                                  |              | · · · · · · · · · · · · · · · · · · · |           | -                      |
|       |   | Name of I                        | Limited          | Liability                    | Compa                            | ny           |                                       |           |                        |
| Dear  | Sir or Madam:   |                                  |                  |                              |                                  |              |                                       |           |                        |
| The   | enclosed Registered Agent   | Registered (                     | Office C         | Change ar                    | nd fee(s)                        | ) are submi  | tted for filing                       | .•        |                        |
| Pleas | se return all correspondence  | concerning                       | this ma          | atter to th                  | e follow                         | ving:        |                                       |           |                        |
|       | David (   |                                  |                  |                              |                                  |              |                                       |           |                        |
|       | Name of Per   | son                              |                  |                              |                                  |              |                                       |           |                        |
|       | Case & Associated   |                                  | LLC              |                              |                                  |              |                                       |           |                        |
|       | rimizcompa  | пу                               |                  |                              |                                  |              |                                       |           |                        |
|       | PO Box 6  | 20458                            |                  |                              |                                  |              |                                       | =         |                        |
|       | Address   | 20400                            |                  | <del></del>                  |                                  |              | <u> </u>                              | $\equiv$  |                        |
|       |   |                                  |                  |                              |                                  |              | S. S.                                 | JUL 28    | Lastrates<br>tolerates |
|       | Oviedo, FL  | 32762                            |                  |                              |                                  |              | τη - 1<br>τη - 1                      |           | i garanti              |
|       | City/State and Z  |                                  |                  | <del></del>                  |                                  |              | 刑公                                    | PH I2: 35 | ourseup<br>            |
|       |   |                                  |                  |                              |                                  |              |                                       | iyi<br>G  | 415                    |
|       | dcase83098@b<br>E-mail address: (to be used for futur   | ellsouth.ne<br>e annual report r | t<br>notificatio | n)                           |                                  |              | D <sub>A</sub>                        | ဟိ        |                        |
| For f | urther information concern  | ing this matt                    | er, plea         | se call:                     |                                  |              |                                       |           |                        |
|       | David Case  |                                  | at (             | 407                          |                                  | 330-         | 4456                                  |           |                        |
|       | Name of Person  | -                                | _                | Are                          | a Code &                         | Daytime Tele | phone Number                          |           |                        |
|       | STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301 | cle                              |                  | Regist<br>Division<br>P.O. B | ration Se<br>on of Co<br>ox 6327 | rporations   | ļ                                     |           |                        |
|       | Enclosed is a check for   | the followin                     | ig amo           | unt:                         |                                  |              |                                       |           |                        |
|       | \$25 Filing Fee   |                                  |                  | <b>√</b> \$55 I              | Filing F                         | ee & Certif  | fied 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.

| 1. Name of the limited liability company: Case  | e & Associated Properties, LLC   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compan   | 00000  |  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Sanford, FL 32773  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (b) Mailing address of limited liability company:   | PO Box 620458  |  |  |  |  |  |
|   | O 1-4- EL 00700  |  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Oviedo, FL 32762   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 7-25-2011   | L11000085550   |  |  |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on  | n the records of the Florida Dept. of State:   |  |  |  |  |  |
| Registered Agent:   | David Case   |  |  |  |  |  |
| Registered Office Address:  | 741 N. Lake Jessup Ave   |  |  |  |  |  |
| registered Strice reduces.  | Oviedo, FL 32765   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :  | EW Registered Office address:  David Case  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| NEW Registered Office Address:  | 2800 S Sanford Ave   |  |  |  |  |  |
| (MUST BE FLORIDA STREET ADDRESS)  |  |  |  |  |  |  |
|   | Sanford ,FL32773   |  |  |  |  |  |
| 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 identiability 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.  Signature of a member or authorized representative of a member | 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 by.   |  |  |  |  |  |
| Dawn Case   |  |  |  |  |  |  |
| 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 prand 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 compan  | agree to act in this capacit I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office my has been notified in writing of this change. |  |  |  |  |  |

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

Signature of Registered Agent