## 11000097485

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
O.J.		

Office Use Only



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2012 AUG 29 AM 10: 52
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 3 1 2012

## **COVER LETTER**

TO:	Registration Section Division of Corporations									
SUB	SUBJECT: Bahamas Biomass, LLC  Name of Limited Liability Company									
Dear	Sir or Madam:									
The e	enclosed Registered Agent/Registered	Office (	Change	and fe	e(s) are	submitted fo	or filing.			
Pleas	se return all correspondence concerning	ng this m	atter to	the fo	llowing:					
	L M Monte o									
	L.M. Mopre Name of Person									
	Name of Ferson			•			SEČRET FĄLLAHI	2012 AUG 29		
	Firm/Company						AR SS	29		
							E 0			
	407 Daven Dlace						OF STATE	舶的: 52		
	497 Devon Place  Address						유로	<u>ت</u>		
	Addiess						ŞM.	52		
7							μ			
	Lake Mary, FL 32746									
	City/State and Zip Code									
	Stefania@aol.com									
	Stefania@aol.com E-mail address: (to be used for future annual report	rt notificati	on)							
For f	Further information concerning this ma	atter, ple	ase call	l:						
	L.M. Moore	at (_	407	_)		666-0296		· · · · · · · · · · · · · · · · · · ·		
	Name of Person			Area Co	de & Dayti	ime Telephone l	lumber			
	STREET/COURIER ADDRESS:		MA	AILING	G ADDR	ESS:				
	Registration Section	Registration Section								
	Division of Corporations	Division of Corporations								
	Clifton Building	P.O. Box 6327								
	2661 Executive Center Circle		Tal	lahasse	e, Florida	a 32314				
	Tallahassee, Florida 32301									
	Enclosed is a check for the follow	ving am	ount:							
	[7] \$25 Filing Fee		☐ S:	55 Filii	ng Fee &	Certified C	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.

agom, or oom,	in the Blate of I to last.							
Name of the limited liability company:			Bahamas Biomass, LLC					
2. (a) Principa	al office address of limited liability comp	pany:	497 D€	evon Pla	зсе			
( <u>Note:</u>	MUST BE STREET ADDRESS	Lake	Mary, FL 32746					
(b) Mailing	address of limited liability company:		497 Devon Place					
(Note:	MAY BE POST OFFICE BOX)	Lake	Lake Mary, FL 32746					
	8/26/11	L11000097985						
3. Date of filir	g/registration in Florida	4. Do	cument number					
5. (a) Registe	ered Agent and Registered Office shown	on the rec	ords of the Florida	Dept. of	State:			
Registe	red Agent:	L.M.	Moore					
Registe	red Office Address:	<u>1555</u> Lake	Baywater Court Mary, FL 32746	FALLA	2012			
		<del> </del>		EJAR HASS	- <del> </del>	1		
(b) Enter na	ame of NEW Registered Agent and/or	NEW Reg	istered Office add	≻-س:	9	game : an		
			Moore	S				
	Registered Agent:	•		915 171	<u>ජූ</u> ආ			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		<u>497</u>	Devon Place	<u> </u>	<u>~</u>			
		Lake	Mary	,FI	<u>3274</u>	6		
confirmed that and the busines liability compa of the member or the operating	ability company is not organized under after the change or changes are made, the second of the registered agent will be inny, it is hereby confirmed that the changes of the limited liability company or as of agreement of the limited liability company or as of a green of the limited liability company or as of the limited liability company or authorized representative of a member	he Florida : dentical. ( ge(s) was/v otherwise p	street address of the Or. in the case of a F	e register Florida li	red offi imited			
Printed or typed na	L.M. Moore							
I hereby acception comply with the and I am famil Chapter 608, I address, I here	of the appointment as registered agent a e provisions of all statutes relative to the iar with and accept the obligations of m IS. Or, if this document is being filed to by confirm that the limited liability com	nd agree to e proper al y position o merely re pany has b	o act in this capacit nd complete perfort as registered agent flect a change in th been notified in writ	y. I furti nance of as provi e registe ing of th	her agi f my di ided fo ered of iis chai	ree to ities, r in fice nge.		
	mosse							
Signature of Regis	icicu Agali							

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