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· (Re	equestor's Name)	
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_	WAIT	_
(Business Entity Name)		
(Document Number)		
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C. LEWIS

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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Bilmar	Bilmar Marketing LLC	
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:	
	•	
Jameson Brandon		
Name of Person		
•		
Firm/Company		
2643 Gulf To Bay Blvd. Suite # 1560-4	05	
Address		
•		
Clearwater FL, 33759		
City/State and Zip Code		
Jameson@bilmarmarketing.com E-mail address: (to be used for future annual report notifica	tion)	
2 man addition (to be able to raise annum reports	,	
For further information concerning this matter, pl	ease call:	
James A. Bankes , CPA at (
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for 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:	Bilmar Marketing LLC
2. (a) Principal office address of limited liability company	2643 Gulf To Bay Blvd. Suite#156
(Note: MUST BE STREET ADDRESS)	Clearwater FL, 33759
(b) Mailing address of limited liability company:	Same As Above
(Note: MAY BE POST OFFICE BOX)	·
11/8/2011	L11000127613 N
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:	MICHLOU CONSULTING ING S
Registered Office Address:	8177 GLADES ROAD #216 BOCA RATON FL 33434
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	Jameson Brandon
NEW Registered Office Address:	2643 Gulf To Bay Blvd.
(MUST BE FLORIDA STREET ADDRESS)	Suite #1560-405 Clearwater ,FL 33759
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 ident liability 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	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of a member of authorized representative of a member	·_(&
Jameson Brandon 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 providing that familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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 Agen