L12000005491

¹ (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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Office Use Only



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C. LEWIS

JUL 19 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	The state of the s
SUBJECT: Palm Const Droperties Name of Limited	25 OF SUFL, LLC d 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 m	natter to the following:
John Beckett Name of Person	· ·
Firm/Company	
5709 Braun Rd. Address	
Racme WI 53403- City/State and Zip Code	
J-mail address: (to be used for future annual report notification	(on)
For further information concerning this matter, ple	ease call:
John Becket at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: Yam Cos	+ Hoperties of 300 ma
2. (a) Principal office address of limited liability company	y: 5729 Braun Kd.
(Note: MUST BE STREET ADDRESS)	Kacine, WI_53403
(b) Mailing address of limited liability company:	Same E T
(Note: MAY BE POST OFFICE BOX)	SE S
January 12, 2012 3. Date of filing/registration in Florida	<u>L1200000549 23</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Christine Ussa
Registered Office Address:	1405 SE 476 - Suff Z
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Kyle Beckell 9001 Henry Road
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. Signature of a member or authorized representative of a member 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 presentation of the provisions of the obligations of my pool Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	clorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
The The Tree of th	rely reflect a change in the registered office

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