## L12000031027

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Address)		
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J. BRYAN

AUG 28 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: Freedbit	t Holdings, LLC	
Name of Limited	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	atter to the following:	
Michael Bittner, Esq. Name of Person	<u>.</u>	
Marks Gray, P.A. Firm/Company	ALLENS 2	
1200 Riverplace Boulevard, Suite 800 Address	TALLAHASSEE ALGAR	
Jacksonville, FL 32201 City/State and Zip Code		
mbittner@marksgray.com E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, ple	ase call:	
Michael Bittner at (at (	904 ) 807-2198	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
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:	Freedbit Holdings, LLC
2. (a) Principal office address of limited liability compar	ny: 12137 Pine Island Drive
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL 32214
(b) Mailing address of limited liability company:	12137 Pine Island Drive
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL 32214
3/5/12	L12000031027 🕏 🕥
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Lori A. Bittner
Registered Office Address:	8106 Hunters Grove Road  Jacksonville, FL 32256
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:  Michael B. Bittner, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 Riverplace Blvd. Suite 800
(MOST BE L'EURIDA STREET ADDRESS)	Jacksonville ,FL32201
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change 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 atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote
Signature of a memory of authorized representative of a memor	
Lori A. Bittner Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my plant of the p	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.