## L12000033157

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
OCT 1 6 2012		
S. TONER		
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Record Results UC  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:			
Joseph Batista Name of Person			
Record Results LLC Firm/Company			
670 Binni Rd			
Sovelitte Beach, PL 32937 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Stephanie Ham Sat (321) 261 7036  Name of Person 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 amount:			
Payment on le \$555 Filing Fee & Certified Copy  INHS18 (5/08)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered
1. Name of the limited liability company: Pland	Reserts UC
2. (a) Principal office address of limited liability company	: 670 Birming 2d
(Note: MUST BE STREET ADDRESS)	Scotellite Toch FL 3293
(b) Mailing address of limited liability company:	Same as above
(Note: MAY BE POST OFFICE BOX)	
Second Cathering 10 Hoter	1 17 200 00 07 17
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Stephanie Ham'S
Registered Office Address:	670 Bring Ed
	32937
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Toseph Batesta
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	670 Primini Rd Soxelitte Boh PL 32937
(MOST BE PLOKIDA STREET ADDRESS)	,FL ,FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo	aws of the State of Florida, it is hereby
and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s)	cal. Or, in the case of a Florida limited
of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	vise provided in the articles of organization
Signature of a member or authorized representative of a member	
Joseph Batister	THE PLANTS
Printed or typed name of signee	· 3
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provide and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	area to act in this canacity. I further darea to
Signature of Registered Agent  Division of Corporations P.O. Box 633	7 Tollobaccas El 22214
Division of Corporations, P.O. Box 632	,,, lananassee, pl. <i>32</i> 314

**FILING FEE: \$25.00** 

INHS18 (05/08)