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(Re	questor's Name)	
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(Ad	dress)	
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(Cit	·/Chaha/Zia/Dhan	- 40
(Cir	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		KA
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Office Use Only

B. KOMR
MAY 80 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 13810 Nw 6 ct 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:		
Please return all correspondence concerning this matter to the following:		
Robert Bailey Name of Person		
Firm/Company		
401 E Las Olas Blvd Suite 130-521		
Address		
Ft Lauderdale, FL 33301		
City/State and Zip Code		
goodearthoronman@earthlink.net		
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert Bailey at (954) 463-9099		
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		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

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

Fursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered		
1. Name of the limited liability company:	o Nub ct LC		
2. (a) Principal office address of limited liability compan	y: 401 East Las Olas Blvd		
(Note: MUST BE STREET ADDRESS)	Suite 130-521 Ft Lauderdale, FL 33301		
(b) Mailing address of limited liability company:	401 East Las Olas Blvd		
(Note: MAY BE POST OFFICE BOX)	Suite 130-521 Ft Lauderdale, FL 33301		
3/28/12	L120000 43086		
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 States			
Registered Agent:	Pobert Barly		
Registered Office Address:	14831 NC 7ANO Minni Fl 33/68		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Robert Bailey		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd Suite 130-521 Ft Lauderdale "FL 33301		
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 identiability 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 compans	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote brwise provided in the articles of organization		
Signature of a member or authorized representative of a member	_		
Pohort Bailey			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the ple and I am familiar with and accept the obligations of my ple Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.		
Signature of Registered Agent			

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