## L12000044091

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(Ác	ldress)	
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SECRETARY OF STATE
AND ASSEE, FLORID

## COVER LETTER

TQ: Registration Section Division of Corporations	
SUBJECT: RICH BEATTIE EN Name of Limited Lie	TERPRISES ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
CLIVE RICHARD BEATTIE  Name of Person	
RICH BEATTIE ENTERPR	rises
485 ROBERTS RD. Address	······
PIERSON FL. 32180 City/State and Zip Code	
BEATTIERICH @ AOL, CO E-mail address: (to be used for future annual report notification)	<u>.m</u>
For further information concerning this matter, please of	call:
CLIVE BEATTIE at (38) Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS:
•	Registration Section Division of Corporations
•	P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

## 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.

1. Name of the limited liability company: RICH B	eattie enterprises
2. (a) Principal office address of limited liability compar ( <u>Note: MUST BE STREET ADDRESS</u> )	PIERSON FL, 32180
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAB
4/9/2012 3. Date of filing/registration in Florida	L12000044091  4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	THE COMPANY CORPORATION
Registered Office Address:	2711 CENTERVILLE RD.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address:  CLIVE RICHARD BEATTIE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	485 ROBERTS RD. PIERSON FL. 32180 FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my has been notified in writing of this change.

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

E, N. Bentte.
Signature of Registered Agent