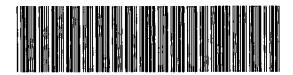
112000076408

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	
Special Instructions to Filing Officer:	

Office Use Only



900249473939

07/11/13--01008--013 **35.00







July 17, 2013

GERALD F HOGAN 180 BEACH DR NE #2600 ST PETERSBURG, FL 33701

SUBJECT: BURRELL SISTERS LLC

Ref. Number: L12000076408

We have received your document for BURRELL SISTERS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00017387

COVER LETTER

Division of Corporations	
SUBJECT: BURRELL SISTERS LLC Name of Corporation	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GERALD F. HOGAN Name of Contact Person	
Firm/Company	
180 BEACH DR. NE. #2600	
ST. PETENSBURG, PL. 33701 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (727) 403 4855 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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: Bueze	in Sisters LC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 180 BEACH DR. NE. #2620 57. PETENSBING, FL. 33701	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same	
June 8, 2012 3. Date of filing/registration in Florida	<u>L 120000 7 6 40 8</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	United States Corporation Agents, Inc	
Registered Office Address:	13302 Winding Oak Court Suite A TAMPA, FL: 33612	
	1AMPA, FL. 33612	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
<u>NEW</u> Registered Agent:	GENALO F. HOGAN	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	180 BEACH DR. NE. #2600 ST. PETERSBURG FL 3.701	
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 identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe 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	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affiguative vote of ise provided in the articles of organization or least the case of the registered of the case of the registered of the case of a Florida limited was/were authorized by an affiguative vote of ise provided in the articles of organization or least the case of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affiguative vote of ise provided in the articles of organization or least the case of a Florida limited was/were authorized by an affiguative vote of ise provided in the articles of organization or least the case of a Florida limited was/were authorized by an affiguative vote of ise provided in the articles of organization or least the case of the	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ogree to dot in this capacity. I fit ther tigree 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.	

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