

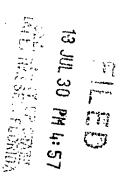
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#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

# SUBJECT: BUCK ENTERPRISES USA, 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:

# LISA FORREST

Name of Person

### BUCK ENTERPRISES USA, LLC

Firm/Company

### PO BOX 162860

Address

### ALTAMONTE SPRINGS, FL 32716-2860

City/State and Zip Code

# info@bucklawns.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA FORREST

<sub>ar</sub>321 , 247-(

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:

**\$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.

1. Name of the limited liability company: BUCK ENTERPRISES	USA, LLC	
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2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	LONGWOOD FL 32750	<del></del>
	FL 32/30	THE PARTY OF THE P
(b) Mailing address of limited liability company:	PO BOX 162860	
(Note: MAY BE POST OFFICE BOX)	ALTAMONTE SPRINGS	
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07/17/2012	L12000092748	
	Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida	Dept. of State:
Registered Agent:	MR LESLIE S BUCK	
Pagistared Office Address:	418 BRENTWOOD CLUB CV	
Registered Office Address:	LONGWOOD	
	FL 32750	
NEW Registered Agent:  NEW Registered Office Address:	MR LESLIE S BUCK  705 CHELSEA RD	
(MUST BE FLORIDA STREET ADDRESS)	LONGWOOD	
		FL 32750
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) 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	tws of the State of Florida street address of the cal. Or, in the case of a F was/were authorized by a e provided in the articles	a, it is hereby registered office lorida limited in affirmative vote of of organization or
L M FORREST Printed or typed name of signee	-	
· · · · · · · · · · · · · · · · · · ·		I.C. ali
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacit per and complete perfori lition as registered agent ely reflect a change in th has been notified in writ	y. 1 juriner agree to nance of my dulies, as provided for in e registered office ing of this change.

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