## #L13000029844

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Odyssey 146 LLC	ed Liability Company
	ed Elaomiy 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:
John N. Upchurch  Name of Person	
Odyssey 146 LLC	
Firm/Company	
1474 W. Granada Blvd.	
Address	
Ormond Beach, FL 32114	
City/State and Zip Code	<del></del>
john@odysseytravel.com	
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, p	lease call:
John N. Upchurch	,386 ,672 8113
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tallallassee, Florida 32314
Enclosed is a check for the following a	mount:
■ \$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.

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1. Name of the limited liability company: Odyssey 146 LLC	
2 (a) Principal office address of limited liability common	A 1474 M. Compando Obral
<ol> <li>(a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	Suite 495
(Note: Medi be direct Abbress)	Ormand Beach El 32114
	1474 W. Granada Bivd. Suite 495
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1474 W. Granada Bivd.
	Suite 495
	Ormond Beach, FL 32114
	20.
02/26/2013	L13000029844
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 State:
Registered Agent:	BUSINESS FILINGS INCORPORATED
•	
Registered Office Address:	515 E. PARK AVE.
	TALLAHASSEE, FL 32301
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	John N. Upchurch
<u></u> g	
<b>NEW</b> Registered Office Address:	146 So. Atlantic Avenue
(MUST BE FLORIDA STREET ADDRESS)	Ormond Beach, FL 32114
	,FL
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 ident liability 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 of authorized representative of a member  Printed or typed name of signce  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)