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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	1067 PUTNAM, LLC				
zonoze i	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Offic	e Change an	d fee(s) are submitted for filing.		
Please retui	rn all correspondence concerning this	matter to the	c following:		
Jon R. Hi	illard				
	Name of Person				
1067 PU	TNAM, LLC				
	Firm/Company				
5020 Cla	rk Road, Suite 112				
	Address				
Sarasota	, FL 34233				
	City/State and Zip Code				
	verizon.net				
E-mai	l address: (to be used for future annua	il report noti	fication)		
For further	information concerning this matter, pl	lease call:			
Jon R. Hil	llard	941	952-7777		
	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		Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enc	closed is a check for the following a	nount:			
☑ \$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 N=	me of the limited liability company: 1067 PUTNAN	Л, LLC			
 Na (a) 	me of the limited hability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ('	!	Mailing address of limited liabil	1
	5020 Clark Road, #112		5020 Cla	ark Road, #112	
	Sarasota, Florida 34233	-	Sarasota	a, Florida 34233	
	August 6, 2009		L090000	75757	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)	Jon R. Hillard				
	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- C:	1
	5020 Clark Road, #112, Sarasota, Florida 34	233		يسا	ا بمــ
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>s)</u>	J1,151CH	FILE !!
	, FL_			• • • • • • • • • • • • • • • • • • •	177
				-	幸し
(b)	Katherine L. Smith, Esq.			_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	<u>ldress</u> :		E GE
	Kate Smith Law Group				
	NEW Registered Office Address:			-	
	2639 Fruitville Road, Suite 103			_	
	Sarasota	34237	•		
If the li	mited liability company is not organized under the law	s of the	e State of Flo	orida, it is hereby confirm	ed that after
agent www.	nge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	bility c	ompany, it i: nited liabilit	s hereby confirmed that the company or as otherwise	ne change(s)
	In R. Theres	Jo	n R. Hillard	t	
Signer	ufe of a member or authorized representative of a member			Printed or typed name of sign	ce
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had it in writing of this change.	perforn for in	iance of my Chapter 605	duties, ånd I am familiar 5. F.SOr, if this docume	with a n d accept nt is be i ng filed
XXX Signatu	Alxue Smuth re of Registered Agent				: