L99000004776

(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporations	•				•				
				orate Woods Six, LLC						
	1	Name of L	mmeu	Liauli	iity Coii	трапу				
Dear S	ir or Madam:									
The en	closed Registered Agent/Re	gistered O	ffice Cl	hange	and fee	e(s) are	submitted for filing	[•		
Please	return all correspondence co	ncerning 1	his ma	tter to	the foll	lowing:				
ويلا راسو.										
•					•					
	Joseph G. Bu	ehler			<u>.</u>	- ;				
	Name of Person					,				
	J. G. Buehler & (Co. Inc.								
	Firm/Company					:				
	P. O. Box 13	361				1 1 1				
	Address					;				
•	,									
	Panagala El	22504								
	Pensacola, FL City/State and Zip C				_					
	Chyrolaic and Dip C									
	jgbuehler@co	x.net			••					
E-	mail address: (to be used for future an	nual report no	tification	1)		,				
For fu	rther information concerning	this matte	r, pleas	se call	l:	# ! !				
"·	ay de				d der	, i				
	Joseph Gottlieb Buehle	r	at (850)		436-4487			
	Name of Person		- *** (Area Cod	le & Dayti	me Telephone Number			
	STREET/COURIER ADDR	ree.		M	ATT INC	4 DDD	ree.			
Registration Section Registration of Corporations Division				AILING ADDRESS: gistration Section						
					sion of Corporations Box 6327					
			allahassee, Florida 32314							
	Tallahassee, Florida 32301.	•				,				
	Enclosed is a check for th	e followin	g amoi	unt:		!		٠		
, ,	\$25 Filing Fee			□ \$:	55 Filin	g 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:	Corpora	Corporate Woods Six, LLC							
2. (a) Principal office address of limited liability comp	any: _	y: 2024 Magnolia Avenue							
(Note: MUST BE STREET ADDRESS)	Pensac	Pensacola, FL 32503							
(b) Mailing address of limited liability company:	<u>_</u>	P. O. Box 13361 Pensacola, FL 32591							
(Note: MAY BE POST OFFICE BOX)	<u>Pensac</u>								
0.4.4000		1,000000							
8-4-1999 3. Date of filing/registration in Florida	4 Door	<u>L'99000004</u> ment number	776						
5. Date of filling/registration in Florida	4. Docu	ment number	i.						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Sme:									
Registered Agent:	Joseph G. Buehler								
Registered Office Address:	2024 M	2024 Magnolia Avenue							
	Pensac	cola, FL 32503	54 5						
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.									
NEW Registered Agent:	<u>Joseph</u>	Joseph G. Buehler							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	205 Bayshore Dr								
	Pensac	cola	,FL <u>32507</u>						
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member									
Joseph G. Buehler									
Printed or typed name of signee		•							
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to a proper and position as merely refle any has bee	ct in this capacity, complete perform registered agent a ct a change in the n notified in writir	. I further agree to ance of my duties, is provided for in registered office ng of this change.						

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