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EXAMINER



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11/16/09--01029--006 **25.00

COVER LETTER

TO: Registration Section Division of Corporation	ons
SUBJECT:	BELLERUD COMMUNICATIONS, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Age	nt/Registered Office Change and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
Regulatory and Tax Sherry Gale 450 Old Peachtree R Suite 101A Suwanee, GA 30024 Firm/Cor	oad NW
Addres	us s
City/State and	d Zip Code
E-mail address: (to be used for for	iture annual report notification)
For further information conce	erning this matter, please call:
Kenny Perky	at (678) 436-5590 Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 323	ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314
Enclosed is a check f	or 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: BEL	LERUD COMMUNICATIONS, LLC		
2. (a) Principal office address of limited liability com	pany:		
(Note: MUST BE STREET ADDRESS)	**		
(b) Mailing address of limited liability company:	D VIS 09		
(Note: MAY BE POST OFFICE BOX)	ON OFF		
04/28/2000	M0000000831 → M0000000831		
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:	UCC FILING & SEARCH SERVICES, INC.		
Registered Office Address:	157 <u>4 VILLAGE SQUARE BLVD SUITE 100</u> TAL <u>LAHASSEE FL 32309 US</u>		
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Incorp Services, Inc. 17888 67th Court North		
(MUSI BE FLORIDA STREET ADDRESS)	Loxahatchee ,FL 33470		
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			
R. BellekuD Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.		
Signature of Registered Agent	Services, Inc.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			