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FILED
12 DEC 28 PH 4: 48
SECREDARY OF STATE

B. BOSTICK

JAN - 2 2013

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ					ses, LLC Company	,
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Registere	d Office	Change	and	fee(s) are submitted for filing.	
Please	e return all correspondence concern	ing this n	natter to	the	following:	
	Warren Thompson Name of Person					
	Palm Aire Enterprises, L	LC				
	Firm/Company				SEC TALL	
	P.O. Box 236				DEC 28 TH	· ·
	Addr e ss				3385. WAY 01	9 5
•	Santa Fe, NM 87504-02 City/State and Zip Code	236			CH STATE	7
	warrenthomnson@mac.c	com				
E	warrenthompson@mac.o	ort notificat	ion)			
For fu	orther information concerning this m	natter, ple	ease call	l :		
	Warren Thompson	at (505)	474-4870	
	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 follo	wing am	ount:			
•	\$25 Filing Fee & Certified Copy					

INHS18 (5/08)

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.

agent, every, in the clare of 1 to man						
Name of the limited liability company:	Palm Aire Enterprises, LLC					
2. (a) Principal office address of limited liability compa	ny: 2572 Tano Comp	ound Dr.				
(Note: MUST BE STREET ADDRESS)	Santa Fe, NM 87506					
(b) Mailing address of limited liability company:	P.O. Box 236					
(Note: MAY BE POST OFFICE BOX)	Santa Fe, NM 87504					
2001	-M1000002686-	molooo				
3. Date of filing/registration in Florida	4. Document number					
(a) Registered Agent and Registered Office shown on the records of the Florida Dept, of State:						
Registered Agent:	A1A Registered Agent In	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Registered Office Address:	5647 110th Ave. North Royal Palm Beach, FL 3341	C 28				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address					
NEW Registered Agent:	Northwest Registered Agent					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3030 N. Rocky Point Dr. STE					
	Tampa ,F	L <u>33607</u>				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the register	ered office				
WarrenThompson	_					
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a limited liability companders, thereby confirm that the limited liability companders, thereby confirm that the limited liability companders of Resisted Agent	d agree to act in this capacity. I fur proper and complete performance of position as registered agent as prov nerely reflect a change in the regist any has been notified in writing of t n-Manager	ther agree to of my duties, vided for in tered office his chänge.				
1/						

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

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