

M0200000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 23 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2011

KIRBY S. CHRISTIAN, ESQ.
CHRISTIAN, SAMSON & JONES, PLLC
310 WEST SPRUCE ST.
MISSOULA, MT 59802

SUBJECT: CHRISTIAN FAMILY ENTERPRISES, LLC
Ref. Number: M02000000060

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TALLAHASSEE, FLORIDA
JUN 06 2011

We have received your document for CHRISTIAN FAMILY ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 711A00013374

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTIAN FAMILY ENTERPRISES, LLC
Name of Limited Liability 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:

KIRBY S. CHRISTIAN, ESQ.

Name of Person

CHRISTIAN, SAMSON & JONES, PLLC

Firm/Company

310 W. SPRUCE ST

Address

MISSOULA, MT 59802

City/State and Zip Code

KIRBY@CSJLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRBY S. CHRISTIAN

Name of Person

at (406)

721-7772

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: CHRISTIAN FAMILY ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 310 W. SPRUCE ST.

(Note: **MUST BE STREET ADDRESS**)

MISSOULA, MT 59802

(b) Mailing address of limited liability company:

310 W. SPRUCE ST.

(Note: **MAY BE POST OFFICE BOX**)

MISSOULA, MT 59802

01/08/2002

3. Date of filing/registration in Florida

M02000000060

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPDIRECT AGENTS, INC., KNA

Registered Office Address:

NATIONAL REGISTERED AGENTS, INC.
C/O PO BOX 927
WEST WINDSOR, NJ 08550-0927

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

COHEN PLATOCK, P.L.

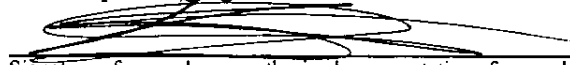
NEW Registered Office Address:

1935 COMMERCE LAND - SUITE 4

(**MUST BE FLORIDA STREET ADDRESS**)

JUPITER, FL 33458


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

KIRBY S. CHRISTIAN, AUTHORIZED AGENT

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Managing Member of Cohen Placock, P.L.
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING-FEE: \$25.00

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TALLAHASSEE, FL