

MO3000003472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100187079591

10/28/10--01004--008 **25.00

FILED
10 OCT 28 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 29 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLAB LP LEASE, L.L.C.
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:

Russell D. Briggs

Name of Person

SLAB LP LEASE, L.L.C.

Firm/Company

P. O. Box 780428

Address

Wichita, KS 67278-0428

City/State and Zip Code

russ@zenithdrilling.com

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

For further information concerning this matter, please call:

Russell D. Briggs

Name of Person

at (316)

684-9777

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

FILED
10 OCT 28 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SLAB LP LEASE, L.L.C.

2. (a) Principal office address of limited liability company: 1223 N. ROCK ROAD

☒

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

BUILDING A, SUITE 200
WICHITA, KANSAS 67206

(b) Mailing address of limited liability company: _____

☒

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

P. O. BOX 780428
WICHITA, KANSAS 67278-0428

10/16/2003
3. Date of filing/registration in Florida

M03000003472
4. Document number

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

Registered Agent: CT CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324-1001

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

NEW Registered Agent: TIMOTHY A. HUNT

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 3700 BANK OF AMERICA PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA, FL 33602

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.

C. Robert Buford
Signature of a member or authorized representative of a member

C. ROBERT BUFORD, MANAGER
Printed or typed name of signee

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.

Timothy A. Hunt
Signature of Registered Agent

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