## ° M050000/862

(Requestor's Name)		
	(Address)	_
(Address)		
	(City/State/Zip/Phone #)	_
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	_
	(Document Number)	
•	,	
Certified Copies	Certificates of Status	_
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SHOW AN ASSEE, FLORID

J. BRYAN

NOV 1 0 2010

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUILDOG INVES  Name of Limited	TMENT COMPANY, LLC  1 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 m	atter to the following:
JOHN ELIAS Name of Person	
Name of Person	
	iz se io
Firm/Company	——— CAPET
	ASS ASS
39608 TIMBERLANE	
Address	FLO
STERLING HEIGHTS MI H	1071A
STERLING HEIGHTS MI 4 City/State and Zip Code	<u>8376</u>
John . ELIAS - RP @ HOTMAIL  E-mail address: (to be used for future annual report notification	
For further information concerning this matter, ple	ase call:
JOHN ELIAS at (	586 940-2125
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 1

## 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: <b>BULL do 6</b>	INVESTMENT COMPANY, LLC
2. (a) Principal office address of limited liability company	<i></i>
(Note: MUST BE STREET ADDRESS)	39608 TIMBERLANE STERLING HEIGHTS MI 48310
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	39608 TIMBERLANE STERLING HEIGHTS MI 48310
4-8-2005  3. Date of filing/registration in Florida	<u>M0500000 1862</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CARNEY, NATHAN A
Registered Office Address:	TAMPA, FL 336920 US
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	JOHN ELIAS FOR
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	716 ROCK ROSE OF TAMPA ,FL 33647
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
TOHN ELIAS Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company senature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  TOHN FLAS  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the provisions of the imited liability company.  I hereby confirm that the limited liability company.	TAMPA ,FL 33647  laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization