M060000000977

(Re	questor's Name)		
(Add	dress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
 (Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		·	

Office Use Only .



000236491060

06/22/12--01008--02/ **25.00

J. BRYAN
JUN 25 2012

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT:	B & S Propei	rties of Naple	es, LLC
- · · · · · · · · · · · · · · · · · · ·	Name of Limited		
Dear Sir or Madam:			
		~	
The enclosed Registered Agent/Re	gistered Office (Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this m	atter to the follo	owing:
Myla Jo Bar	ton		
Name of Person			
B & S Properties of N	Naples, LLC		
P. O. Box 44	164		
Address			
Gillette, Wyoming	g 82717		
City/State and Zip C	ode		
tobys@vcn.c	com		
E-mail address: (to be used for future an	nual report notification	on)	
For further information concerning	this matter, plea	ase call:	
Myla Jo Barton	at (307)	680-9840
Name of Person		Area Code	& Daytime Telephone Number
STREET/COURIER ADDR	FSS.	MAILING A	ADDRESS:
Registration Section	.133.	Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee,	Florida 32314
Tallahassee, Florida 32301			
Enclosed is a check for the	e following amo	ount:	
\$25 Filing Fee		\$55 Filing	Fee & Certified Copy

TO: Registration Section

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.

Name of the limited liability company: B &	S Properties of Naples, LLC			
2. (a) Principal office address of limited liability company	: #4 Colonial Drive			
(Note: MUST BE STREET ADDRESS)	Naples, Florida 34112			
(b) Mailing address of limited liability company:	P. O. Box 4464			
(Note: MAY BE POST OFFICE BOX)	Gillette, Wyoming 82717			
2/16/2006	M0600000977			
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:	Donald L. Barton			
Registered Office Address:	#4 Colonial Drive			
	Naples, Florida 34112			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	John C. Cope			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	#4 Colonial DRIVE			
	NAPIES ,FL 34112			
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	_			
Myla Jo Barton, Trustee of Myla Jo Barton Revocable Printed or typed name of signee	a			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud 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. Thereby confirm that the limited liability company	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 has been notified in writing of this change.			

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

Signature of Registered Agent