

M06000003886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

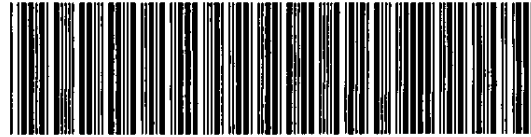
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500223115395

02/28/12--01016--020 \*\*25.00

FILED  
12 FEB 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outman FEB 29 2012

*Bay State Corporate Services, Inc.  
Six Beacon Street, Ste. 510  
Boston, MA 02108  
(617) 742-8484 Fax: (617) 742-8482*

February 22, 2012

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS.

Subject name(s): LINDBERGH & ASSOCIATES, LLC

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$25.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Diana Sampson

A handwritten signature in black ink, appearing to read "D. Sampson", with a long horizontal flourish extending to the right.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lindbergh & Associates, 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:

Diana Sampson  
Name of Person

Bay State Corporate Services, Inc.  
Firm/Company

6 Beacon Street, Suite 510  
Address

Boston, MA 02108  
City/State and Zip Code

accounting@baystatecorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Sampson at ( 617 ) 742-8484  
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 following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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: Lindbergh & Associates, LLC

2. (a) Principal office address of limited liability company: Lindbergh & Associates, LLC

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

2170 Ashley Phosphate Road, Suite 504  
Charleston, SC 29406

(b) Mailing address of limited liability company: Lindbergh & Associates, LLC

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

2170 Ashley Phosphate Road, Suite 504  
Charleston, SC 29406

7/6/2006

M06000003886

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:

O'Brien & Gere Limited Inc.

Registered Office Address:

404 S. Pinehurst Avenue  
Tampa, FL 33617

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

**NEW Registered Agent:**

NRAI Services, Inc.

**NEW Registered Office Address:**

515 East Park Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

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

John F. Sutphen, Authorized Person

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.

  
Signature of Registered Agent

Suzanne T. Ceyon, Asst. Secretary

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

FILING FEE: \$25.00

FILED  
 12 FEB 28 AM 11:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA