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SECRETARY OF STATE
AHASSEE FLORIDA

COVER LETTER

Registration Section

TO:

Division of Co	rporations				
SUBJECT:	New Banana Bay LLC				
			Liability Com		
Dear Sir or Madam:					
The enclosed Register	ed Agent/Registered (Office C	hange and fee	(s) are submitted for filing.	
Please return all corre	spondence concerning	this ma	atter to the foll	owing:	
	Kevin Hyland		· .		
	Name of Person	,			
	m. 10		,		
	BMC Firm/Company				
8015 W	Kenton Circle, Ste 2	20			
	Address	•		`	
Hunt	ersville, NC 28078				
	//State and Zip Code				
khy	and@boykin.com				
E-mail address: (to be	used for future annual report r	notificatio	n)		
For further informatio	n concerning this matt	ter, plea	se call:		
Kevin	Hyland	at (704)	896-2880	
Name of	Person		Area Code	& Daytime Telephone Number	
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations 3 Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check for the followi	ng amo	unt:		
\$25 Filing I	⁷ ee		\$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 limit	ed liability company: NEW BANAN	A BAY, LLC						
2. (a) Principal offic (Note; MUS	ce address of limited liability company: ST BE STREET ADDRESS	8015 W KENTON CIRCLE S HUNTERSVILLE NC 28078						
	ess of limited liability company: **Y BE POST OFFICE BOX**)	8015 W KENTON CIRCLE HUNTERSVILLE NC 28078						
09/07/2006		M06000004914						
3. Date of filing/reg	istration in Florida 4	. Document number						
5. (a) Registered A	gent and Registered Office shown on th	ne records of the Florida Dept	t. of State:					
Registered A	Registered Agent:		COMPANY FOR					
Registered O	ffice Address:	1201 HAYS STREET	CRETAR SE					
	-	TALLAHASSEE FL 32301-2	525 US 27-					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:								
<u>NEW</u> Regist	ered Agent:	Incorp Services, Inc.	ORID					
	ered Office Address: FLORIDA STREET ADDRESS)	17888 67th Court North						
[33003 333 3		Loxahatchee	,FL_33470					
that after the change office of the register hereby confirmed the liability company or limited liability com	BOVKIN	address of the registered offi se of a Florida limited liabilit an affirmative vote of the m	ce and the business by company, it is tembers of the limited					
I hereby accept the comply with the prov am familiar with and F.S. Or, if this docu confirm that the limi	appointment as registered agent and ag visions of all statules relative to the pro I accept the obligations of my position a ment is being filed to merely reflect a cl ted liability company has been notified	ree to act in this capacity. I per and complete performan is registered agent as proyide hange in the registered office in writing of this change.	further agree to se of my duties, and I sed for in Chapter 608, address, I hereby					
(Signature of Registered Agent) on behalf of Incorp Services, Inc.								
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00								

INHS18 (05/08)