

MD80000064366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

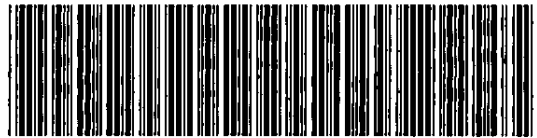
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800172011068

03/17/10--01022--003 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 17 AM 11:57

T. HAMPTON  
MAR 18 2010  
EXAMINER

# EMMANUEL, SHEPPARD & CONDON

ATTORNEYS AT LAW

JOHN H. ADAMS  
ALAN B. BOOKMAN \*  
GERALD L. BROWN  
STACEY PENN CLARK  
A. G. CONDON, JR.  
ERICK M. DRUCKA \*\*\*  
PATRICK G. EMMANUEL  
PATRICK G. EMMANUEL \*\*  
ROBERT A. EMMANUEL \*\*  
GREGORY P. FAYARD  
SALLY BUSSELL FOX \*  
CHARLES P. HOSKIN

POST OFFICE DRAWER 1271  
PENSACOLA, FLORIDA 32591-1271

30 SOUTH SPRING STREET  
PENSACOLA, FLORIDA 32502-5612  
esclaw.com PENSACOLALAWYER.COM  
(850) 433-6581  
FAX (850) 434-7163  
TOLL FREE 1-800-433-6581

HOLLY V. JURNOVOY  
KATHRYN I. KASPER  
JOHN W. MONROE, JR. \*  
KEVIN D. NELSON  
JOSEPH A. PASSERETTI  
P. MICHAEL PATTERSON  
WANDA W. RADCLIFFE  
H. WESLEY REEDER  
T. SHANE ROWE  
WARREN R. TODD  
MATTHEW M. VILLMER  
CHARLES P. YOUNG \*\*

ALAN C. SHEPPARD, OF COUNSEL

\* BOARD CERTIFIED REAL ESTATE LAWYER \*\* BOARD CERTIFIED CONSTRUCTION LAWYER \*\*\* BOARD CERTIFIED CIVIL TRIAL LAWYER

March 10, 2010

Registration Section  
Division of Corporations  
Florida Secretary of State  
P.O. Box 5327  
Tallahassee, FL 32314

Re: BS Squared, LLC  
Document No. M08000004366

Ladies and Gentlemen:

The enclosed Registered Agent/Registered Office Change form and our check in the amount of \$25.00, representing the filing fee, are submitted for filing. Please return all correspondence concerning this matter to the following:

John H. Adams, Esq.  
Emmanuel, Sheppard & Condon  
30 S. Spring Street  
P.O. Drawer 1271  
Pensacola, Florida 32591-1271

The e-mail address to be used for future annual report notification is [duckerco@bellsouth.net](mailto:duckerco@bellsouth.net). For further information concerning this matter, please contact John H. Adams at (850) 433-6581. Thank you

Yours very truly,

  
John H. Adams  
For the Firm

JHA/lab

Enclosures

L:\CPWin\History\100309\_0001\13B9A.03  
05828-122997 Doc# 3

**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: BS Squared, LLC

2. (a) Principal office address of limited liability company:

☒

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

1704 Sunny Oak Street

Gulf Breeze, FL 32563-9012

(b) Mailing address of limited liability company:

☒

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

1704 Sunny Oak Street

Gulf Breeze, FL 32563-9012

09-26-2008

M08000004366

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:

John H. Adams

Registered Office Address:

200 Grand Blvd.

Suite 205-A

Destin, Florida

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

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

30 South Spring Street

Pensacola, FL 32502

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

Scott R. Ch

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

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

**FILING FEE: \$25.00**