

M09000003970

(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



600176078906

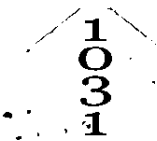
04/21/10--01025--015 **25.00

FILED
10 APR 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 22 2009

EXAMINER



1031

1031 Exchange Services, LLC

Knowledge ~ Experience ~ Service

"Certified Exchange Specialist on Staff®"

April 20, 2010

Florida Secretary of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FILED
10 APR 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

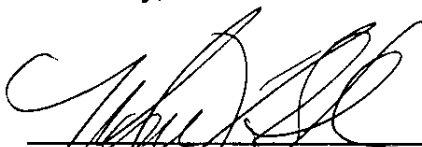
Re: Change of Registered Agent

To Whom It May Concern,

Enclosed please find an original and (1) file copy of a Statement of Change of Registered Agent that I would like to have filed in the office of the Florida Secretary of State. Should this document meet the requirements for filing please place it of record. Also enclosed is this firm's check in the amount of \$25.00 dollars representing payment of the filing fee and a return addressed, post paid envelope for the return of these documents.

Please feel free to contact me at 828-251-1031 or via my email address at michelle@1031exs.net should you have any questions or if I can be of any assistance.

Sincerely,



Michelle F. Smith
Exchange Coordinator

Certified Exchange
Specialist®

56 Central Ave., Suite 201, Asheville, NC 28801
Phone: 828.251.1031 Toll Free: 888.552.1031 Fax: 828.251.5914
www.1031exchangeservices.net



FEDERATION OF EXCHANGE
ACCOMMODATORS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAT 503, 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:

James W. Bailey, Jr.
Name of Person

1031 Exchange Services, LLC
Firm/Company

56 Central Avenue, Suite 201
Address

Asheville, NC 28801
City/State and Zip Code

michelle@1031exs.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle F. Smith at (828) 251-1031
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

INHS18 (5/08)

FILED
10 APR 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EAT 503, LLC

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

56 Central Avenue, Suite 201

Asheville, NC 28801

☐ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:

56 Central Avenue, Suite 201

Asheville, NC 28801

☐ (Note: **MAY BE POST OFFICE BOX**)

October 6, 2009

3. Date of filing/registration in Florida

M09000003970

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of

Registered Agent:

Stephen A. Wayner

Registered Office Address:

4111 Battersea Road

Miami, FL 33133

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

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

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.

James W. Bailey, Jr.
Signature of a member or authorized representative of a member

James W. Bailey, Jr.

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.

By:

C T Corporation System

Signature of Registered Agent

ANN J. WILLIAMS

Assistant Vice President

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

FILING FEE: \$25.00