M09000004328

(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:				
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SLUKETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
•			
SUBJECT:	Big App	le Equities, LLC	
	Name of Limite	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered A	gent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this n	natter to the following:	
Mariels D Acevedo			
Name	of Person		
	Equities, LLC	· · · · · · · · · · · · · · · · · · ·	
Firm/C	Company	•	
915 Doyle F	Rd, Ste. 303-330		
Ado	ress		
Delton	a Fl 32725		
Deltona, FL 32725 City/State and Zip Code			
daniella@biga E-mail address: (to be used fo	opleconsulting.com future annual report notificati	on)	
For further information cor	cerning this matter, ple	ease cali:	
Mariels Daniella	Acevedo at (407) 963-6776	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons er Circle	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	. To the tonowing and	\$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.

Name of the limited liability company:	Big Apple Equities, LLC			
2. (a) Principal office address of limited liability compan				
(Note: MUST BE STREET ADDRESS)	Ste 303-330			
(b) Mailing address of limited liability company:	915 Doyle Rd. SSR 3			
(Note: MAY BE POST OFFICE BOX)	Ste. 303-330 Deltona, FL 32725			
11/02/2009	M090000043285			
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:	Marc Jablon			
Registered Office Address:	414 Largovista Oakland, FL 34787			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent:	Mariels D Acevedo			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	915 Doyle Rd. Ste. 303-330 Deltona, ,FL32725			
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				
Marc Jablon Printed or typed name of signer	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of an ideal and familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to menual terms of the property of the limited liability company.	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in elv 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				