## M10000002015

(R	equestor's Name)			
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)	)		
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)	<del></del>		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
RA Sign				

Office Use Only



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2017 APR 17 PM 4: 49.
SECRETARY OF STATE.

K. SALY APR 19 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2017

**BUDD INVESTMENT PROPERTIES LLC** JOSEPH R BUDD P.O. BOX 25128 WINSTON-SALEM, NC 27114

SUBJECT: BUDD INVESTMENT PROPERTIES LLC

Ref. Number: M1000002015

We have received your document for BUDD INVESTMENT PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saler

Regulatory Specialist II

Letter Number: 017A00002944

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
SUBJECT: BUDD INVESTMENT PRO	BUDD INVESTMENT PROPERTIES LLC			
-	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
JOSEPH R. BUDD				
Name of Person				
BUDD INVESTMENT PROPERTIES	LLC			
Firm/Company				
2325 S. STRATFORD ROAD				
Address				
WINSTON-SALEM, NC 27103				
City/State and Zip Code				
jbudd@buddgroup.com				
E-mail address: (to be used for future ar	nnual report notification)			
For further information concerning this matte	er, please call:			
JOSEPH R. BUDD	336 659-5039			
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	ig 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 605.0114 or 605.0116, 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. Na	ame of the limited liability company: BUDD INVE	ESTMENT PE	ROPERTIES LLC
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2325 S. STRATFORD ROAD	P.6	O. BOX 25128
	WINSTON-SALEM, NC 27103	WI	NSTON-SALEM, NC 27114
	May 4, 2010	M10	0000002015
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WARD, TAYLOR D		
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	301 E PINE STREET, STE. 150		
	ORLANDO , F	<sub>L</sub> 32801	CRETT CAHA
	· · · · · · · · · · · · · · · · · · ·	· — <u></u>	ASAR -
(b)	Enter name of NEW Registered Agent and/or NEW Register		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	E.F.
	SOUTH MILHAUSEN, P.A.,		STATE FLORID
	NEW Registered Office Address:		
	1000 LEGION PLACE, SUITE 1200		
	ORLANDO , F	<sub>L</sub> 32801	
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	laws of the State of the registered liability compa- s of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	LICEN	<u> </u>	Joseph R. Budd Printed or typed name of signee
I here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and a cions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, at in writing of this change.		••
Signatu	re of Kgistered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00