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C. LEWIS
JAN 2 3 2012
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: BULLFROG BAY MITIGATION, 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:	
	•	
John Parrish, Esq.		
Name of Person		
•		
Parrish White & Lawhon, P.A.		
Firm/Company		
3431 Pine Ridge Road, Suite 101		
Address		
Naples, FL 34109		
City/State and Zip Code		
	•	
		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
To turner information concerning and made, p		
John Parrish at (239) 566-2013	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS.	
Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
TO 1 11 1 1 6 (1 6 1)	•	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
M		

TO: Registration Section

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:	BULLFROG BAY MITIGATION, LLC		
2. (a) Principal office address of limited liability co	ompany:		
(Note: MUST BE STREET ADDRESS)	3431 Pine Ridge Road, Suite 101 Naples, FL 34109		
(b) Mailing address of limited liability company	:		
(Note: MAY BE POST OFFICE BOX)	3431 Pine Ridge Road, Suite 491 Naples, FL 34109		
05/14/2010	M10000002214		
3. Date of filing/registration in Florida	4. Document number SSER O		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Janet Aronoff		
Registered Office Address:	3431 Pine Ridge Road, Suite 101 Naples, FL 34109		
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:		
NEW Registered Agent:	John Parrish		
/			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	S) 3431 Pine Ridge Road, Suite 101 Naples ,FL34109		
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			
Daniel J. Aronoff			
Printed or typed name of signee			
I hereby accept the appointment as registered agen- comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Orl if this document is being file address, I hereby confirm that the limited liability of Signature of Registered Register	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in dit of merely reflect a change in the registered office ompany has been notified in writing of this change.		
	Roy 6327 Tallahassaa FI 32314		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			