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| (Requestor's Name) | | | | | | | |
|---|--------|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT | MAIL | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of S | Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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EXAMINITE.

COVER LETTER

| TO: | Registration Section | | | | |
|-----|--------------------------|--|--|--|--|
| | Division of Corporations | | | | |

SUBJECT: Bergin Family Wyoming //C
Name of Limited Unability 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:

| Name of Person | |
|---|----|
| Bergin Family Wyoming LCC | |
| 19871 Chapel trace Es 5 | |
| Estaro, F1.33928 | 71 |
| City/State and Zip Colo | Ö |
| E-mail address: (to be used or future annual report motification) | |

For further information concerning this matter, please call:

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

. 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. Na | nme of the limited liability company: | Bergin | ~ Family 1 | Dy omino | 240 |
|---------------|---|---|--|--------------------------------------|------------------|
| | Principal office address of limited l | iability company: | 198718C | ta pel | Trace |
| | (Note: MUST BE STREET ADD | <u>PRESS</u>) | Estevo | , = 1. ' : | 53 9 2. 6 |
| (b) | Mailing address of limited liability (Note: MAY BE POST OFFICE | | 19071 C/ | 10 pal | 728 |
| | 11/17/2010 | - 1 | M10000 | 0005 | 090 |
| 3. Da | ate of filing/registration in Florida | 4 | . Document number | | |
| 5. (a | Registered Agent and Registered C | Office shown on th | e records of the Florid | la Dept. of State | :: |
| | Registered Agent: | | Dorgey | Lowfi | m P2 |
| | Registered Office Address: | <i>)</i> : | 018) 51×1 | Mile Cy | Br 2 |
| | | - | FORMY | ers, F). | 3376 |
| (b |) Enter name of NEW Registered A | gent and/or NEW | Registered Office ac | ldress: | |
| ` . | NEW Registered Agent: | | Peter U. | Bergin | <u> </u> |
| | NEW Registered Office Address: | | 19871C/ | rapel | race |
| | MUST BE FLORIDA STREET | ADDRESS) | £51800 | ,FL_ | 3 <i>3</i> 928 |
| If the | limited liability company is not orga | nized under the la | ws of the State of Flor | ida, it is hereby | ~~ |
| and th | rmed that after the change or changes he business office of the registered ag | ent will be identic | al. Or, in the case of | a Elorida Jimited | d |
| the m | ity company, it is hereby confirmed thembers of the limited liability compa perating agreement of the limited liab | nat the change(s) vany or as otherwise | provided in the article | es of organizati | entor |
| لقع الله | Date W. 7 |) ere | | ASS. | |
| Signati | ire of a member or authorized representative of a | member | | R P | |
| Printe | Peter N. Be | rg.'n | | 12: 2 1.08 | |
| I hav | cabo account the appropriate as regist | ered agent and ag | ree to act in this capa | city. P further a | gree to |
| and I Chap | ely accept the appointment as registly with the provisions of all statutes is am familiar with and accept the obli- ter 608, F.S. Or, if this document is east. Thereby confirm that the limited | gations of my posi being filed to merc | ition as registered age ely reflect a change in | nt as provided) the registered o | for in office |
| addir | ss, Thereby confirm that the limited | liability company | nas been notified in w | riting of this ch | ange. |
| Signat | ure of Registered Agent | | \ | | |

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