M11000003051

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
. PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

JAN 1 3 2012

EXAMINER



500215938555

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01-12-2012

NAME:

MILAM & CO, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HO

STATE OF THE STATE

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:	MILAM & CO., LLC	
2. (a) Principal office address of limited liability company	: 5578 MORGAN STREET	
(Note: MUST BE STREET ADDRESS)		
	Alton, AL 35015	
(b) Mailing address of limited liability company:	5578 MORGAN STREET	
(Note: MAY BE POST OFFICE BOX)	Alton, AL 35015	
	4 0,7	
June 15, 2011	M11000003051 5 8	
3. Date of filing/registration in Florida	M11000003051 5 3	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State: 🤏	
Registered Agent:	CT Corporation System 5	
Registered Office Address:	1200 South Pine Island Road	
	Piantation, Fiorida 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	V Registered Office address: National Corporate Research, Ltd., Inc.	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	
	Tallahassee ,FL_32301	
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Flund the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. What was signature of a member of authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Michael J. Milam Printed or typed name of signee		
I hereby accept the appointment as registered agent and agenty with the provisions of all statutes relative to the provisions of all statutes relative to the provision of an agent and accept the obligations of the provision of the configuration of the provision of Corporations, P.O. Box 632	27, Tallahassee, FL 32314	
FILING FEE: \$2	5.00	