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





200228789692

J. SAULSBERRY **EXAMINER**

APR 25 2012

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.

· ·	
I. Name of the limited liability company: BAYON CAPI	TAL MANAGEMENT LLC
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	: 202 Kenlyn Road Palm Beach FL 33480
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	202 Kenlyn Road Palm Beach FL 33480
06/30/2011	M11000003333
3. Date of filing/registration in Florida	4. Document number PASS 2017
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Johnston, William C
Registered Office Address:	202 Kenlyn Road Palm Beach FL 33480
	Dm £
(b) Enter name of NEW Registered Agent and/or NEV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the canereby confirmed that the change(s) was/were authorized by iability company or as otherwise provided in the articles of imited hability company. Signature of a member of authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited
William C. Johnston, Managing Member (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the pro- im familiar with and accept the obligations of my position of S.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability company has been notified	tree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: Signature of Registered Agent) Corporation Service Company	

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



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

158996

5171350

AUTHORIZATION

COST LIMIT

ORDER DATE: April 5, 2012

ORDER TIME : 10:04 AM

ORDER NO. : 158996-010

CUSTOMER NO: 5171350

CHANGE OF AGENT

NAME: BAYON CAPITAL MANAGEMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: