

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000041443 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN

Account Number: I20070000020

Phone

: (813)435-3176

: (813)333-6358 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

R.H.

RECEIVED 3 FEB 21

## LLC REGISTERED AGENT CHANGE BATTLE ON OVERSOUL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	SES
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

J. SAULSBERRY Help EXAMINER FEB 22 2013

## H130000 4# 4433

## 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.	Nar	ne of the limited liability company: BATTLE ON OVERSOL	JL, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	y: 16508 POINTE VILLAGE DRIVE			
		(NOOD MACON DE CARDEN / NOOM CONTRACTOR	LUTZ FL 33558	22 13 -		
	(b)	Mailing address of limited liability company:	16506 POINTE VILLAGE DRIVE	22		
		(Note: MAY BE POST OFFICE BOX)	LUTZ FL 33558			
			2072100000	= 9 9		
03.	(07/201	12	M12000001318	第三		
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	DEBORAH A BOHN			
Registered Office Address:		Registered Office Address:	16508 POINTE VILLAGE DRIVE			
			LUTZ FL 33558			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  NEW Registered Agent:  THE LAW OFFICES OF NICK SPRADLIN, PLLC						
	NEW Registered Office Address:		18952 NORTH DALE MABRY HV	MY		
		(MUST BE FLORIDA STREET ADDRESS)	SUITÉ 102			
			LUTZ	,F <u>L</u> 33548		
an lia th th	nfiri d the ibilit e me e ope	imited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of tical. Or, in the case of	the registered office a Florida limited		
		S J. SPRADLIN, ESQ. AUTHORIZES REPRESENTATIVE OF A MEMBER	_			
		or typed name of signee				
		by accept the appointment as registered agent and a with the provisions of all statutes relative to the prim familiar with and accept the obligations of my post of the prime of the prime following the second of the prime following the second of the prime following f	gree to act in this capa oper and complete perf sition as registered age rely reflect a change in v has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office or this change.		
Si	gnatu	of Registered Agent				

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

INHS18 (05/08)