L030000 29680

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2012 DEC 26 AN IO: 01
SECRETARY OF STATE

J. BRYAN

DEC 27 2012

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Michology Partners, 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:				
Alex W. Nicholson III Name of Person Sco. S				
A # 1/ Realty Sea 28 T				
3580 Wild Pines Lone				
Mayoles, FL 34112				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alex Microbion at (239) 173-7555 Name of Person at (239) 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				

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ACENT OR BOTH FOR LIMITED LIABILITY COMPANY

BOTH FOR LIMITED LIABILITY COMPANY	With the second		
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered		
1. Name of the limited liability company: Michol	son tartners, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Nages El 34112		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4111 Harbor Oaks Ct. Bonta Soon FL 34134		
3. Date of filing/registration in Florida	L03000 19680 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Cook, David Esq.		
Registered Office Address:	BODITO Spring FL34135-81		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Alex W Nicholson III		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2580 Wild Pines Lane		
	Naples FL 34112		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office		
Signature of a member or authorized representative of a member	•		
Alexander W Mindelson Printed or typed name of signee	LJr.		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent