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TALLAHASSEE, FLORID

T. CLINE

OCT 29 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: The Florida Institute LLC Name of Limited Liability Company		
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Kim Stephens		
	Name of Person		
	The Florida Institute LLC Firm/Company		
	102 12th Ave East		
	Palmetto FL 34221	SEGRETARY OF ALLAHASSEE, FI	
E	City/State and Zip Code kimstephens@tampabay.rr.co -mail address: (to be used for future annual report no		
For fi	urther information concerning this matte	er, please call:	
	Kim Stephens Name of Person	at (941) 713-9520 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 followin	g 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.

Name of the limited liability company:	The Florida Institute LLC
2. (a) Principal office address of limited liability compa	ny: 130 Riviera Dunes Way
(Note: MUST BE STREET ADDRESS)	Suite 1003 Palmetto FL 34221
(b) Mailing address of limited liability company:	130 Riviera Dunes Way
(Note: MAY BE POST OFFICE BOX)	Suite 1003 Palmetto FL 34221
12/04/08	L08000111505
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Samuel Asfur
Registered Office Address:	130 Riviera Dunes Way
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address Kim Stephens
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	102 12th Ave East Palmetto FL 34221
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited Jiability company. Signature of a member or authorized representative of a member Anthony R Asfur Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I are followed to the pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with a my pand I am familiar with a my pand I am	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.

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

Signature of Registered Agent