L100000003488

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
.) (Business Entity Name)					
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T. HAMPTON

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ЕСТ:		estyle Capital, PLLC I Liability Company		
		Traine or Elimites	Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/R	egistered Office	Change and fee(s) are submitted for filing.		
Please	return all correspondence	concerning this m	atter to the following:		
	Mr. Ryan G.	Harper			
	Name of Perso	n			
	Peninsula Lifestyle (
	Firm/Company	,			
	900 Fifth Avenue So	uth, Suite 303	· · · · · · · · · · · · · · · · · · ·		
Naples, Florida 34102					
	City/State and Zip	Code			
E-1	ryanh@picflori	da.com annual report notification	n)		
For fu	ther information concernin	g this matter, plea	se call:		
	Mr. Ryan G. Harper	at (904) 945-2091		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADD	DFCC.	MAILING ADDRESS:		
	Registration Section	14233.	Registration Section		
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle	e	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301				
	Enclosed is a check for the following 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: Peninsula Lifestyle Capital, PLLC		
2. (a) Principal office address of limited liability c	ompany: 2925 North Highway A1A	
(Note: MUST BE STREET ADDRESS)	Suite 103 Indialantic, Florida 32903	
(b) Mailing address of limited liability company	2925 North Highway A1A	
(Note: MAY BE POST OFFICE BOX)	Suite 103 Indialantic, Florida 32903	
January 11, 2010	L1000003488	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	Mr. Ryan G. Harper	
Registered Office Address:	2925 North Highway A1A	
	Suite 103 Indialantic. Florida 32903	
(b) Enter name of <u>NEW Registered Agent</u> and	or NEW Registered Office address:	
NEW Registered Agent:	Mr. Ryan G. Harper	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	900 Fifth Avenue South Suite 303 Naples ,FL 34102	
liability obmpany, it is hereby confirmed that the choof the members of the limited liability company or a cor the operating agreement of the limited liability construction. Signature of a member or authorized representative of a member Ryan G. Harper Printed or typed name of signee	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited sange(s) was/were authorized by an affirmative with a sotherwise provided in the articles of organization ompany.	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability confirmation of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my auties, my position as registered agent as provided for in it to merely reflect a change in the registered office ompany has been notified in writing of this change.	
District CO	D / 200 (T-U-b EK 2024 /	

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