

Dec. 19. 2011

1:37AM ons SALVATORI & WOOD

No. 4458 P. 1 of 1

LL 000000542

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : SALVATORI & WOOD, BUCKEL, PL
 Account Number : 120030000112
 Phone : (239) 552-4100
 Fax Number : (239) 649-1706

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

Email Address: scs@swbnaples.com

LLC REGISTERED AGENT CHANGE
KESSEL ST. PETE, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kessel St. Pete, 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:

Leo J. Salvatori
Name of Person

Salvatori, Wood & Buckel
Firm/Company

9132 Strada Place, Fourth Floor
Address

Naples, FL 34108
City/State and Zip Code

scs@swbnaples.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Leo J. Salvatori at (239) 552-4100
Name of Person 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 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.

1. Name of the limited liability company: Kessel St. Pete. LLC

2. (a) Principal office address of limited liability company: c/o Leo J. Salvatori

(Note: MUST BE STREET ADDRESS) Salvatori, Wood & Buckel
9132 Strada Place, 4th Floor, Naples, FL

(b) Mailing address of limited liability company: c/o Leo J. Salvatori

(Note: MAY BE POST OFFICE BOX) Salvatori, Wood & Buckel
9132 Strada Place, 4th Floor, Naples, FL

1/3/2011
3. Date of filing/registration in Florida

L11000000542
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent: Albert F. Kessel

Registered Office Address: 5927 Drexel Court
Naples, FL 34119

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TALLAHASSEE, FLORIDA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Salvatori, Wood & Buckel, PL

NEW Registered Office Address: 9132 Strada Place
(MUST BE FLORIDA STREET ADDRESS) Fourth Floor
Naples, FL 34108

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Leo J. Salvatori, Authorized Representative
Printed or typed name of signer

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]
Signature of Registered Agent

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