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	nent Section of Corporations	
SUBJECT:	2642 North Tamian Name of Corp	
DOCUMENT N	NUMBER:P1100	0053411
The enclosed Sta	atement of Change of Registered Office/A	agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
		-
	Bill McFarlar Name of Conta	nd, Esq.
	Bill McFarlar	
	Firm/Com	pany
	2930 Del Prado Boulev	
	Addres	S
	Cape Coral, Flo City/State and 2	rida 33904 Zip Code
	E-mail address: (to be used for futu	re annual report notification)
For further infor	mation concerning this matter, please call	;
	Bill McFarland	at (239) 549-5680 Area Code & Daytime Telephone Number
N	lame of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3:	5.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

· TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: 2642 North Tamiami Trail Inc.
	office address: 2541 N. Tamiami Trail, North Fort Myers, Florida 33903
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 06/07/2011 Document number: P11000053411
	Robert Wetenhall, Jr. 2541 N. Tamiami Trail North Fort Myers, Florida 33903 A street address of the new registered agent (if changed) and /or registered office
	Robert Wetenhall, Jr.
	2541 N. Tamiami Trail
	North Fort Myers, Florida 33903
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Bill McFarland, Esq.
	2930 Del Prado Boulevard South, Suite A
	P.O. Box NOT acceptable Cape Coral, Florida 33904
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatur	re of an officer or director Printed or typed name and title
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a chappe in the registered office address. I hereby confirm that the speen notified in writing of this change.
KIL	mature of Registered Agent Date
_	half of an entity:
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *