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(Requestor's N	lame)	
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(City/State/Zip/Phone #)		
PICK-UP WA	IT MAIL	
(Business Enti	tv Name)	
(Dashibas Ellin	y Name,	
<u>.</u>		
(Document Nu	mber)	
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SECRETARY OF STALE

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
•		
SUBJECT: 1786 Trade Center Way Unit 4, LLC		
(Name of Limite	d 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 n	natter to the following:	
Henry C. Cohen		
(Name of Person)		
Cohen & Grigsby, P.C.		
(Firm/Company)	<del></del>	
27200 Riverview Ctr. Blvd., Suite 309		
(Address)	<del></del>	
Bonita Springs, FL 34134		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, ple	ase call:	
Court Devides	000 000 4000	
Carol Bender at (at (		
(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 amo	ount:	
x \$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.

,		4706 - 4	
		1786 Trade Center Way Unit	
2. The mailing addr	ess of the limited liability com	pany is: 850 Park Shore Dri	ve, Suite 300
	TL 34103		
07-02-02		L02000016667	
		4. Document number	
5. The name of the r Florida Departme	egistered agent and the register nt of State:	red office address as shown on the	records of the
	G. Carson McEachern	1	
	N 850 Park Shore Driv	Name ve. Suite 300	
		Idress	
	Naples, FL 34103	247055	
	- •	ate and Zip	<b>%</b> ≥ ≥ ≤
6. The name and add	dress of the new registered ager	nt and/or office:	SECRET IVISION CO 05 NOV
4	Henry B. Bird II		F CO
•	Na 27152 Edenbridge Co		PR RPOS
		P.O. Box NOT acceptable)	RATION .
	Bonita Springs	FL 34135	<b>→</b> 55
	City, Stat	te and Zip	
confirmed that after and the business off liability company, it of the members of t or the operating agree	the change or changes are madice of the registered agent will is hereby confirmed that the classification is hereby confirmed that the classification of the limited liability company or exchange the limited liability contains authorized representative of a member)	der the laws of the State of Florida le, the Florida street address of the be identical. Or, in the case of a Fl hange(s) was/were authorized by an as otherwise provided in the articl company.	registered office lorida limited n affirmative vote
I hereby accept the comply with the pro and I am familiar with the Chapter 608 F.S. Caddress Hadreby co	appointment as registered ager visions of all statutes relative to ith and accept the obligations of Or, if this document is being file infirm thad the linated liability of	nt and agree to act in this capacity, o the proper and complete perform of my position as registered agent a id to merely reflect a change in the company has been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.

(Signature of Registered Agent)

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