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Special Instructions to Filing Officer:		





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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: 2 3/8 LLC		
(Name of Limited	d Liability Company)	
	·	
Dear Sir or Madam:		
The surface I Berlin and American I American		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
	·	
YUNKER, BRYANT JR (Name of Person)		
(Name of Person)		
	· · · · · · · · · · · · · · · · · · ·	
(Firm/Company)	11.0 22	
1000 ADMIRALTY PARADE (Address)		
(Audress)	ASS	
	NOV-7 AM 10: 4: CRETARY OF STATE LAHASSEE, FLORIE	
NAPLES FL 34 10 2 (City/State and Zip Code)		
(City/State and Zip Code)	2006 NOV -7 AM 10: 48 SEGRETARY OF STATE TALLAHASSEE, FLORID	
For further information concerning this matter, ple	ase call:	
<i>,</i>		
Joseph Demaio at ((Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following am-	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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. The name of the limited liability company is: 2 3/8 LLC
2. The mailing address of the limited liability company is:
1000 ADMIRALTY PARADE, NAPLES, FL 34102
11/23/2004 3. Date of filing/registration in Florida Lo4000086392 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CLASP INC.
3001 TAMIAMI TRAIL NURTH, 4th FLOOR Address
City, State and Zip
6. The name and address of the new registered agent and/or office:
Name 1000 ADmirALT PARADE CREE ARREST Florida street address (P.O. Box NOT acceptable) NAPLES City, State and Zip City State of Florida it in Frenchis
If the limited liability company is not organized under the laws of the State of Florida, it refereby 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 of a member or authorized representative of a member)
YUNKER BRYANT JR. (Printed or typed name of signee)
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 of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)

137