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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

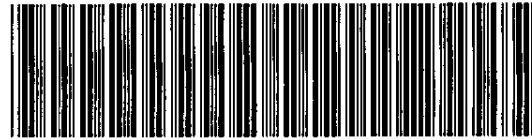
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 JAN 17 PM 3:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

B. BOSTICK  
JAN 18 2012  
EXAMINER

Certified Mail #7008 1140 0003 9824 6795 with STATEMENT OF CHANGE OF REGISTERED...  
and USPS Money Order #18962621627 for \$25.00 attached.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SERAPIS, 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:

J M DECK

Name of Person

SERAPIS, LLC

Firm/Company

1511 N. CONVENT ST. 700-128

Address

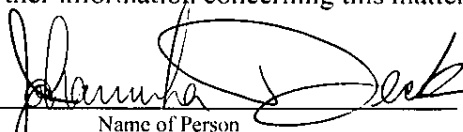
BOURBONNAIS, IL 60914

City/State and Zip Code

jaydeetoo@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:



Name of Person

at ( 352 ) 593-7131

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: SERAPIS, LLC

2. (a) Principal office address of limited liability company: 8805 Tamiami Trl N

**(Note: MUST BE STREET ADDRESS)**

Ste #244

Naples, FL 34108

(b) Mailing address of limited liability company: 1511 N. Convent St. 700-128

**(Note: MAY BE POST OFFICE BOX)**

Bourbonnais, IL 60914

February 14, 2007

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Johannha Deck

Registered Office Address:

3069 Anderson Snow RD #129

Spring Hill, FL 34609

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

**NEW** Registered Agent:

Johannha Deck

**NEW** Registered Office Address:

8805 Tamiami Trl N

**(MUST BE FLORIDA STREET ADDRESS)**

Ste# 244

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.

Johannha Deck MMR  
Signature of a member or authorized representative of a member

Johannha Deck MMR

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.*

Johannha Deck  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**