## L08000113778

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
	15	A E INTERNATIONAL LLO		
SUBJECT: IFAE INTERNATIONAL, LLC				_
	Name	e of Limited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Register	red Office Change and fee(s) are submitted for fill	ing.	
Please	e return all correspondence concerr	ning this matter to the following:		
	David Lester			
	Name of Person			
	IFAE INTERNATIONAL, Firm/Company	, LLC		
	rimi/Company			
	28100 Bonita Grande Drive -	Suite 303	<b>.</b> \$a. (	_
	Address			7
		¥.		5
	Bonita Springs, FL 341	<u>135 ్లో</u>		_ &
	City/State and Zip Code	in the second se		
		<u>.                                    </u>	S .	ì
F.	Dlester@ifae.com  E-mail address: (to be used for future annual report notification)			2
L	man address. (to be used for future annual re-	port nonneadon)		3
For fu	rther information concerning this r	matter, please call:		
	David Lester	at (239)949-5411		
	Name of Person	Area Code & Daytime Telephone Numbe	r	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section			
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
	Enclosed is a check for the follo	owing amount:	l.m.	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	\$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:	IFAE INTERNATIONAL, LLC
2. (a) Principal office address of limited liability co	mpany: 28100 Bonita Grande Drive
(Note: MUST BE STREET ADDRESS)	Suite 303 Bonita Springs, FL 34135
(b) Mailing address of limited liability company:	28100 Bonita Grande Drive
(Note: MAY BE POST OFFICE BOX)	Suite 303 Bonita Springs, FL 34135
12/12/2008	L08000113778
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Deper of State:
Registered Agent:	Lester, David J. AR 各
Registered Office Address:	27598 Riverview Center Biver & Bonita Springs, FL 34134
	30.5
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address
NEW Registered Agent:	Lester, David J.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	28100 Bonita Grande Drive Suite 303 Bonita Springs ,FL34135
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the character of the members of the limited liability company or as or the operating agreement of the limited liability considered the limited liabilit	the Florida street address of the registered office
Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statules relative to and I am familiar with and accept the obligations of Chapter 608 If S Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
n	(200 TB II I TEX 2024 /

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