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COVER LETTER

Division of Corporations							
140 PRIMO, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:	•						
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this m	atter to the following:						
SHEILA NEUMANN							
Name of Person	**************************************						
140 Primo LIC							
Firm/Company	•						
5356 PARK ROAD, #3							
Address							
FORT MYERS, FL 33908							
City/State and Zip Code							
SHEILANEUMS@HOTMAIL.COM							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, plea	ase call:						
SHEILA NEUMANN	419 276-0535						
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 amount:							
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ume of the limited liability company: 140 PRIMO,	LLC					
2. (a)		(t	o)				
,,	Principal office address of limited liability company: 5450 (Note: MUST BE STREET ADDRESS) 5350-PARK ROAD, #3		<u> </u>	Mailing address of limit (Note: MAY BE POS			
	FORT MYERS, FL 33908						
	05/07/2013		L130000€	66990		. <u> </u>	
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	·			_			
,	Registered Agent and Registered Office shown on the records of			e:			
	BRUCE H. VANDERLAAN, ATTORNEY A	T LAW,	PA	_			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES.	<u>ស</u>				
	2077 FIRST STREET, SUITE 206						
	FORT MYERS	L_33901		-			
	, h	L		-		2:17	
(b)	Shile Neumann				=		1 .
(0)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office ac	ldress:	-	-5		entra entra
					•-		÷
	SHEILA NEUMANN			_	•	\mathbb{R}	•
545	NEW Registered Office Address:					5:	
545	5350 PARK ROAD, #3					0-	
	FORT MYERS FORT MYERS	_L 33908		-			
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability c of the lin	stered office ompany, it is nited liabilit	e and the business of s hereby confirmed y company or as of	office o that th	f the re	gistered ge(s)
	• -		EILA NEU				
	Share of a member or authorized representative of a member			Printed or typed name			
nougie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple- ligations of my position as registered agent as provid- ely reflect a change in the registered office address, d in writing of this change.	gree to ac le perforn led for in I hereby c	t in this cap vance of my Chapter 605 confirm that	acity. I further agr duties, and I am fur 5, F.S. Or, if this do the limited liability	ree to co miliar v ocumen compo	omply with an it is be iny has	with the ud accept ing filed s been

Signature of Registered Agent