

# F05000006918

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

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

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

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

☐ PICK-UP

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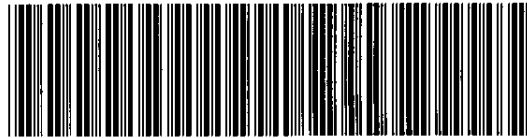
\_\_\_\_\_  
(Business Entity Name)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

JBrown 9-26-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Linden Asset Management, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F05000006918

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Babinski  
Name of Contact Person

Linden Asset Management, Inc.  
Firm/Company

25 La Grande Boulevard  
Address

The Villages, FL 32159  
City/State and Zip Code

I.coviello@lindenam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Babinski at ( 352 ) 753-9429  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Linden Asset Management, Inc.  
2. The principal office address: 25 La Grande Boulevard, The Villages, FL 32159

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/23/2005 Document number: F05000006918

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

David Babinski

8630 EAST COUNTY ROAD 466

THE VILLAGES FL 32162 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David Babinski

25 La Grande Boulevard

P.O. Box NOT acceptable

The Villages, FL 32159

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lara S. Coviello

Signature of an officer or director

Lara S. Coviello, President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David Babinski

Signature of Registered Agent

9/19/2011

Date of filing

Street Address:

If signing on behalf of an entity:

David Babinski

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)