100000012430

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Evermere LLC		
(Name of Lim	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
Lynda Alicki (Name of Person)		
(Firm/Company)	2006 MAY 10 AM 8: 05	
1534 Westchester Ave	10	
(Address)		
Wollington El 22444	8: 05	
Wellington, FI 33414 (City/State and Zip Code)		
For further information concerning this matter, Lynda Alicki	please call: at (561) 373-9393	
(Name of Person)	(Area Code & Daytime Telephone Numb	
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 a	amount:	
 ✓ \$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:	Evermere LLC
2. The mailing address of the limited liability cor	mpany is: 1534 Westchester Ave, Wellington, FL 33414
10 - 12 - 2000 3. Date of filing/registration in Florida	L00000012430
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the records of the
Richard Schwartz	
2300 Palm Beach Lak	Name res Blvd. Suite 217
	Address S S
West Palm Beach, Fi	Address 33409 State and Zip
	7. All and 2. Ip
6. The name and address of the new registered ag	ent and/or office:
Lynda Alicki	
	Jame 95
1534 Westchester Ave	
Florida street address	(P.O. Box NOT acceptable)
Wellington, Fi 33414	FL
	ate and Zip
(Signature of a member or authorized representative of a member	ade, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.
Lynda Alicki (Printed or typed name of signee)	
	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y 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