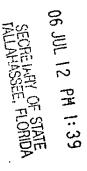
## 

(Req	uestor's Name	)
(Add	ress)	•
(Add	ress)	
(Addi	iess)	
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
· (Busi	iness Entity Na	ime)
(Doc	ument Number	7)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	
		ا ۱
		1/3/
	Office Use O	1180



07/12/06--01026--002 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CIU Gladiolus Land Group, LLe (Name of Limi	C ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	OB JU	
George H. Knott, Esq.		
(Name of Person)		
Knott, Consoer, Ebelini, Hart & Swett, P./	OF JUL 12 PH 1.5	
(Firm/Company)		
1625 Hendry Street,Suite 301		
(Address)		
<i>y</i>	•	
Fort Myers, FL 33901		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
George H. Knott, Esq.	(239 ) 334-2722	
(Name of Person)	(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 a	mount:	
<b>✓</b> \$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. The name of the limited liability con	npany is: CIU Gladiolus Land Group, LLC
2. The mailing address of the limited li	ability company is : 7451 Gladiolus Drive, Suite A
Fort Myers, FL 33908	,
April 9, 2001	L01000005381
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
Kevin F. Ju	rsinski
	Name
2222 Second	d Street Fig. 1
	Address
Fort Myers, I	FL 33901
	City, State and Zip
6. The name and address of the new reg	Name  d Street  Address FL 33901  City, State and Zip  distered agent and/or office:
George H. K	inott, Esq.
<del></del>	Name
1625 Hendry	Street,Suite 301
Florida stree	et address (P.O. Box NOT acceptable)
Fort Myers,	FL 33901
	City, State and Zip
confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme of the members of the limited liability or the operating agreement of the limited	rganized under the laws of the State of Florida, it is hereby ges are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited d that the change(s) was/were authorized by an affirmative vote company or as otherwise provided in the articles of organization d liability company.
(Signature of a member or authorized representative	of a member)
Brian N. Schwartz	
(Printed or typed name of signee)	
I hereby accept the appointment as reg comply with the provisions of all statute and I am familiar with and accept the o Chapter 608, F.S. Or, if this document address I hereby confirm that the limite (Signature of Registered Agant)	ristered agent and agree to act in this capacity. I further agree to es relative to the proper and complete performance of my duties, bligations of my position as registered agent as provided for in is being filed to merely reflect a change in the registered office ed liability company has been notified in writing of this change.
Division of Corners	tions, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**