

201000007232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

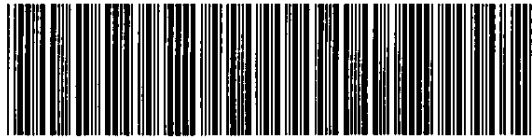
Special Instructions to Filing Officer:

**A. LUNT**

APR -5 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR -2 PM 2:46

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CN., L.L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMELO J. NATOLI

Name of Person

CN., L.L.C.

Firm/Company

18841 CLIFFVIEW LANE

Address

CHESTERFIELD MO 63005

City/State and Zip Code

piper701@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Hamm

Name of Person

at ( 636 )

926-8900

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: CN., L.L.C.

2. (a) Principal office address of limited liability company: CN., L.L.C.

☒ (Note: **MUST BE STREET ADDRESS**) 26107 FAWNWOOD CT  
BONITA SPRINGS, FL 34134

(b) Mailing address of limited liability company: CARMELO J. NATOLI

☒ (Note: **MAY BE POST OFFICE BOX**) 18841 CLIFFVIEW LANE  
CHESTERFIELD MO 63005

3/26/2010 L01000007232  
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE FL 32301-2525 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: CARMELO J. NATOLI

**NEW** Registered Office Address: 26107 FAWNWOOD CT  
**(MUST BE FLORIDA STREET ADDRESS)** BONITA SPRINGS, FL 34134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carmelo Natoli  
Signature of a member or authorized representative of a member

CARMELO J. NATOLI  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Carmelo Natoli  
Signature of Registered Agent

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

FILED  
MAR 27 - 2 PM 2:46  
TALLAHASSEE, FLORIDA  
CLERK OF STATE