Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

## REGISTERED AGENT CHANGE

AIK CAPE CORAL LLC

A. LUNT

JUL 15 2009

Certificate of Status Certified Copy Page Count Û2 Estimated Charge

**EXAMINER** 

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Help

## 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: AIK CAPE C   | ORAL LLC   |                    |
|--|--|--------------------|
| <ol> <li>(a) Principal office address of limited liability compart<br/>(Note: MUST BE STREET ADDRESS)</li> </ol>   | ny: 28099 NORTH WOODLAND<br>PEPPER PIKE OH 44124   | <b>.</b>           |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | 28099 NORTH WOODLAND<br>PEPPER PIKE OH 44124   | 0                  |
| 2/8/2002   | L0200003275  |                    |
| 3. Date of filing/registration in Florida  | 4. Document number   |                    |
| 5. (a) Registered Agent and Registered Office shown or   | the records of the Florida Deptrop state   | TŅ.                |
| Registered Agent:  | A.G.C. CO.   |                    |
| Registered Office Address:   | 200 S. ORANGE AVE., STF. 200<br>ORLANDO FL 32801 US  | ED                 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:   | <u> </u>   |                    |
| NEW Registered Office Address:   | 1200 South Pine Island Road  |                    |
| (MUST BE FLORIDA STREET ADDRESS)   | Plantation p.FL 33324  |                    |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the charge you company or as otherwise provided in the articles of liability company or as otherwise provided in the articles of limited liability company.  (Printed or typed name of signce)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pray amiliar with and accept the obligations of my position f. S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie | et address of the registered office and the busine case of a Florida limited liability company, it is by an affirmative vote of the members of the lir of organization or the operating agreement of the | ess<br>nited<br>ie |
| By: (Signature of Registered Agent) Dallara a Bush   | )<br>Barbara A. Burke<br>pecial Assistant Sacratary  | ~                  |
| Division of Corporations, P.O. Box 6327, Tulluhassee, FL 32314   |  |                    |

**FILING FEE: \$25.00** 

INHS18 (05/08)