LOQUODO 5200

(Requestor's Name)	
(Address)	
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	_
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificatès of Status	
	_
Special Instructions to Filing Officer:	
	-

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE F. STATE

D. BRUCE

NOV 13 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		EIPPIT, LLC of Limited Liability Company)	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Tom Tyler		
	(Name of Person)		
	Thomas C. Tyler, Jr., P.A. (Firm/Company)		
	(Pillis Company)	O9	
	735 East Venice Avenue, Suite	ARE NO	-
	(Address)	TA AS	-
	(133.333)	SER V	
		<u> </u>	
Venice, Florida 34285			D
	(City/State and Zip Code)	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
For fu	rther information concerning this mat	ter, please call:	
	Tom Tyler	at (941) 488-4422	
	(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	ng amount:	
	✓ \$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.	Nar	ne of the limited liability company:	EIPPIT,	LLC			÷
2.	(a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 1762 South Drive Sarasota, Florida 34239				6
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above				0
		3-4-2002	L02000005200				
3.	Dat	e of filing/registration in Florida	4. Document number				
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida D	ept. of	State:		
	•	Registered Agent:	Thomas C. Tyler, Jr., P.A.	==:			
	•	Registered Office Address:	981 Ridgewood Ave., #104 Venice, Florida 34292	SECIKETAR)	09 NOV 1/2	<u> </u>	
	(b)	Enter name of NEW Registered Agent and/or NEW	V Registered Office addre	C	AM II:	ED	
		NEW Registered Agent:	Thomas C. Tyler, Jr., P.A.	RA BE	9		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	735 East Venice Avenue, Su	ite 200			
		MOST BE FLORIDA STREET ADDRESS	Venice	,FL	3428	5	
tha off he lia lin	at affice reby bilit	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered of se of a Florida limited liab	ffice an	nd the mpany	busine	ess
/Di	rintad	Deborah Tippie Hall, Manager or typed name of signee)	-				
co. an F co	here mply 1 fan S. C nfiri	by accept the appointment as registered agent and as with the provisions of all statutes relative to the provisions with and accept the obligations of my position of this document is being filed to merely reflect a contact the limited liability company has been notified are of Registered Agent)	gree to act in this capacity. per and complete performo as registered agent as prov hange in the registered offi in writing of this change.	I furth ince of ided foi ice addi	er agr my du r in C ress, I	ree to ties, a hapter hereb	nd I 608, y

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