

LD20000022433

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the fax audit
er (shown below) on the top and bottom of all pages of the document.

((H07000295739 3)))



H070002957393ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.

RECEIVED

2007 DEC 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6380

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

LS

12/11

REGISTERED AGENT CHANGE

S & S, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC 10 PM 12:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & S, 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:

DAVID A. HOLMES, ESQ.
(Name of Person)

FARR, FARR, EMERICH, HACKETT AND CARR, P.A.
(Firm/Company)

99 NESBIT STREET
(Address)

PUNTA GORDA, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

SHIRLEY A. BROWN (PARALEGAL) at (941) 639-1158
(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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

12/10/2007 11:56 FAX

003/003

12/04/2007 10:33 IFAX 7301@farr.com
DEC-4-2007 10:25A FROM: COMMUNITY EYE CENTER 9416250131

Route to Email 003/005
TD: 6390028 P.5

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.503, 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: S & S, L.C.
2. The mailing address of the limited liability company is: 21275 OLEAN BLVD., PORT CHARLOTTE,
FL 33952

8/29/2002

L02000022433

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOSEPH SPADAFORA

Name

21275 OLEAN BLVD.

Address

PORT CHARLOTTE, FL 33952

City, State and Zip

6. The name and address of the new registered agent and/or office:

DAVID A. HOLMES

Name

99 NESBIT STREET

Florida street address (P.O. Box NOT acceptable)

PUNTA GORDA FL 33950

City, State and Zip

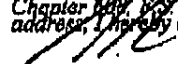
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


(Signature of a member or authorized representative of a member)

JOSEPH SPADAFORA, MANAGER AND MEMBER

(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 relating 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.


(Signature of Registered Agent)

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

INHS18 (8/05)

FILED
2007 DEC 10 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA