## L030000/6/07

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/State/21p/Filone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Decomposit Number)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

A. LUNT

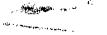
JUL 25 2008

**EXAMINER** 

Office Use Only



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07/24/08--01015--002 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 5670 Zip Drive, LLC (Name of	Limited Liability Company)	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Jeffrey C. Cooner, Managing Member (Name of Person)	2008 JUL 24 SECRETARY TALLAHASSE	420000
5670 Zip Drive, LLC (Firm/Company)	OF STA	
11923 Adoncia Way #2801	TE TDA	
(Address)		
Fort Myers, FL 33912-9064 (City/State and Zip Code)		,
For further information concerning this matter,	, please call:	
Jeffrey C. Cooner, Managing Member (Name of Person)	at (239) 985-9145 (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	1 \$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. Name of the limited liability company: 5670 Zip D	rive, LLC	+
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 11923 Adoncia Way #2801 Fort Myers, FL 33912-9064	<b>€</b>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11923 Adoncia Way #2801 Fort Myers, FL 33912-9064	<b>0</b>
05/01/2003 3. Date of filing/registration in Florida	L03000016107 ATT 4. Document number	
<ul><li>5. (a) Registered Agent and Registered Office shown on</li></ul>	rie T	5
Registered Agent:	Jeffrey C. Cooner, Managing Member 2	
Registered Office Address:	16119 Flagg Pond Lane North Fort Myers, FL 33917	+
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	SAME: Jeffrey C. Cooner, Managing Member	E
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11923 Adoncia Way #2801 Fort Myers,FL 33912-9064	•
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	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 lin	ess nited
Jeffrey C. Cooner, Managing Member (Printed or typed name of signee)	<del>_</del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar 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 notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, a 1 as registered agent as provided for in Chapter change in the registered office address, I hereb d in writing of this change.	nd I : 608, y
(Signature of Registered Agent)		

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

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