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SECKETARY OF STATE

OPOIL

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THE WOOS IF IT (Name of Limited)	Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing	5.	
Please return all correspondence concerning this mat	tter to the following:		
BRUCE K, HARWOOD II (Name of Person)			
· (Firm/Company)			
12417 Green Stone CT. (Address)	TALL	2007 I	e marine
FORT MYERS, FI 33913 (City/State and Zip Code)	AHASSEE, F	2001 DEC 10 AMII: OH	laser.
For further information concerning this matter, pleas		H: O4	,
BRUCE K. HALWOOD IT at (2. (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 Conv		

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. The name of the limited liability company is: THE WOODS I & II, LLC.
2. The mailing address of the limited liability company is: 12417 Greek 57005 C7.
1819 SE 1941 LANE CAPE CONAL FL 33990 US
23/01/2004 LØ4ØØØ15952 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:
BRUCE IC HARWOOD ST. Name 1819 SE 1914 LANE Address CAPE COLAL FL 33990 City, State and Zip
6. The name and address of the new registered agent and/or office:
PRINCE K HARWOOD II Name 12417 GISEN STONE CT. Florida street address (P.O. Box NOT acceptable)
City, State and Zip City, State and Zip City, State and Zip If the limited fallility company is not organized under the laws of the State of Florida, it is hereby confirmed that fifter 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 confirmed that the change(s) was/were authorized by an affirmation vote of the meaning agreement of the limited liability company.
(Signature of a member or authorized representative of a member) **BRUCE IC **HANNOW** TI** (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 doubt 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

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