

**L04000021430**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

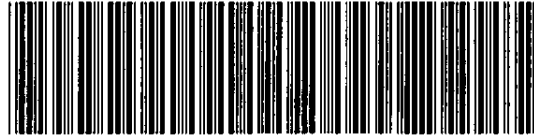
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2009 NOV 23 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

NOV 24 2009

**EXAMINER**

# BECKER & POLIAKOFF

Six Mile Corporate Park  
12140 Carissa Commerce Court, Suite 200  
Fort Myers, Florida 33966  
Phone: (239) 433-7707 Fax: (239) 433-5933

999 Vanderbilt Beach Road, Suite 501  
Naples, Florida 34108  
Phone: (239) 552-3200 Fax: (239) 514-2146

## ADMINISTRATIVE OFFICE

3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312  
800.432.7712 TOLL FREE

WWW.BECKER-POLIAKOFF.COM  
BP@BECKER-POLIAKOFF.COM

Reply To:  
Fort Myers  
CLandes@becker-poliakoff.com

**TO:** Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**FROM:** Carol Landes/Steven P. Kushner, Esq.

**DATE:** November 19, 2009

**RE:** ARIAL ENTERPRISES, LLC - Statement of Change/Registered  
Office and Registered Agent

## FLORIDA OFFICES

BOCA RATON  
FORT MYERS  
FORT WALTON BEACH  
HOLLYWOOD  
HOMESTEAD  
MELBOURNE \*  
MIAMI  
NAPLES  
ORLANDO  
PORT ST. LUCIE  
SARASOTA  
TALLAHASSEE  
TAMPA BAY  
WEST PALM BEACH

## AFFILIATED OFFICES

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FRANKFURT  
NEW YORK  
PARIS \*  
PRAGUE  
TEL AVIV \*

\* by appointment only

## ENCLOSED PLEASE FIND:

- ☐ For your information.
- ☐ Please review and telephone me as soon as possible.
- ☐ In accordance with your request.
- ☐ Please acknowledge receipt.
- ☐ Please review and comment.
- ☐ Please file and return conformed copy.
- ☐ Please handle.
- ☐ For your files.
- ☒ Fully executed Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company, along with check in the amount of \$25.00 in payment of filing fee. Thank you.

**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: ARIAL ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 8172 BRETON CIRCLE

☐ (Note: **MUST BE STREET ADDRESS**) FORT MYERS, FL 33912

(b) Mailing address of limited liability company: 8172 BRETON CIRCLE

☐ (Note: **MAY BE POST OFFICE BOX**) FORT MYERS, FL 33912

3. Date of filing/registration in Florida 3/19/2004 4. Document number L04000021430

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: KUSHNER, STEVEN P. ESQ.

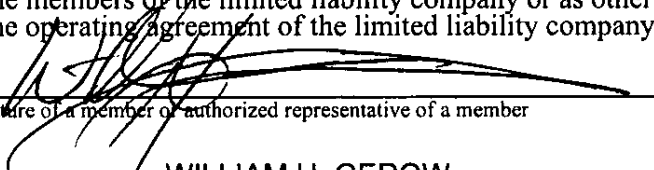
Registered Office Address: C/O BECKER & POLIAKOFF, P.A.  
14241 Metropolis Avenue  
Fort Myers, FL 33912

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: BECKER & POLIAKOFF, P.A.

**NEW** Registered Office Address: C/O JOSEPH E ADAMS  
**(MUST BE FLORIDA STREET ADDRESS)** 12140 CARISSA COMMERCE CTR, 200  
FORT MYERS, FL 33966

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

WILLIAM H. GEROW

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 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

FILED  
2009 NOV 23 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FL