## L04000049076

Miss Alissa Edwards  Timothy B. Ristel, P.A.  13451 McGregor Blod. Suite 33  Tort Myers, Horida 33919-5942  (Address)					
	(Add	nessj			
	(City	//State/Zip/Phone	<del>: #)</del>		
	PICK-UP	☐ WAIT	MAIL		
	(Bus	siness Entity Nam	ne)		
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
			1		
			į.		

Office Use Only



600045794336

FILED V

02/07/05--01060--009 \*\*25.00



## 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 limite	d liability company is:	Alissa Elizabeth Edwar	ds LLC
		mpany is : 13451 McGre	
Fort Myers FL 33919	, the minimum massing co.		
		1.04000040	706
6/30/2004		L04000049706	
3. Date of filing/registration	ion in Florida	4. Document	number
5. The name of the register Florida Department of	ered agent and the regist State: Alissa E. Edwards	ered office address as show	n on the records of the
	15475 Chloe Circle	Name	
	Fort Myers FL 339		·
	City,	State and Zip	
6. The name and address of	of the new registered ag	ent and/or office:	2005 SEC
	Edwards, Alissa		一 器 五
	Name 20 Timberland Circle N		SSEE -1
		(P.O. Box NOT acceptabl	e) <u>∃</u> ≥ □
	Fort Myers	<sub>FL</sub> 33919	R 8 30
	City, S	tate and Zip	P
confirmed that after the ch	nange or changes are marked the registered agent with the description of the limited liability company or a self the limited liability confirmed that the limited liability confirmed liab	rds	of Florida, it is hereby ess of the registered office ase of a Florida limited ized by an affirmative vote of a articles of organization or
Alissa Elizabeth Edwar	rds		•
(Printed or typed name of signee)	,	•	<del>-</del>
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered as s of all statutes relative d accept the obligation his document is being f that the limited liabilit	ent and agree to act in this to the proper and complet of my position as register iled to merely reflect a cha v company has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.

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