

L04000050135 (3)

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Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614) 227-1936
Fax Number : (239) 593-2990

M. HODGES

L04- 50135

REGISTERED AGENT CHANGE

MILLER & LAVIGNE, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS

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MORRIS &
ARTHUR, LLP**
Attorneys and
Counselors at Law

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Suite 300
Naples, Florida 34108-2709
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Date: July 5, 2005 User: 5781 Client Matter #: _____TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3**PLEASE DELIVER TO:**

NAME	FIRM	FACSIMILE #:	CONFIRMATION #:
1. Division of Corporations	Florida Dept. of State	- 850-205-0380	
RE: Miller & LaVigne, LLC			
Fax Audit No. H050001630033			

Comments:

Please file the attached regarding the above-referenced limited liability company:

1. Statement of Change of Registered Office or Registered Agent or Both for Corporations.

Thank you.

From: Jennifer A. Nogalski, Esq. Phone No. 239-593-2970
THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:☐ ORDINARY MAIL
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miller & Lavigne, LLC
2. The principal office address: 484 Third Avenue South
Naples, Florida 34102
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/6/2004 Document number: L04000050135
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CLASP, INC.

3001 Tamiami Trail North, 4th Floor

Naples, Florida 34103

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary K. Wilson, Esquire
c/o Porter, Wright, Morris & Arthur LLP

5801 Pelican Bay Blvd., Suite 300
(P.O. Box NOT acceptable)

Naples, Florida 34108

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Bruce R. Miller, Manager

(Printed or Typed Name with Title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

7/5/05

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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