

W0400026492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

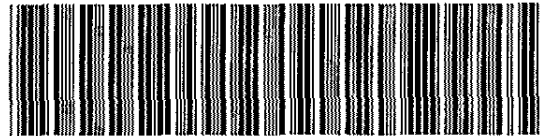
Special Instructions to Filing Officer:

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R/A change

W04-06492

Office Use Only



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02/04/05--01018--020 **25.00

05 FEB -6 MTH:19

FEB 19

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January 24, 2005

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

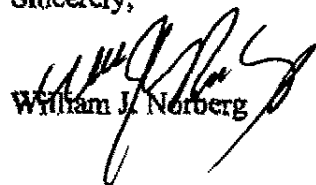
RE: Change of mailing address for **ELKAM, LLC**

To Whom It May Concern:

I am the Resident Agent for **ELKAM, LLC**. The mailing address for this LLC has changed. The new address is 2705 Tamiami Trail, Suite 114, Punta Gorda, Florida 33950. Please amend the Articles of Organization to reflect this change.

Thank you for your help regarding this matter. If you have any questions, please do not hesitate to call.

Sincerely,


William J. Norberg

**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: ELKAM, LLC

2. The mailing address of the limited liability company is : _____

142 GRAHAM STREET SOUTHEAST, PORT CHARLOTTE, FL 33952

SEPTEMBER 10, 2004

L04000066492

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:

WILLIAM J. NORBERG

Name

142 GRAHAM STREET SOUTHEAST

Address

PORT CHARLOTTE, FL 33952

City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM J. NORBERG

Name

2705 TAMiami TRAIL, SUITE 114

Florida street address (P.O. Box NOT acceptable)

PUNTA GORDA, FL 33950

City, State and Zip

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 J. NORBERG

(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

FILED
05 FEB -4 AM 11:19
TALLAHASSEE, FL