

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : T20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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10 MAY -4 AM 9:59

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
SANDERS PUBLISHING AND TRADING LLC**

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MAY - 5 2010

EXAMINER

H10000108804 3

**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: SANDERS PUBLISHING AND TRADING LLC

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



(Note: **MUST BE STREET ADDRESS**)

5415 LAKE HOWELL ROAD

# 252

WINTER PARK, FL 32792

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

5415 LAKE HOWELL ROAD

# 252

WINTER PARK, FL 32792

9/10/2004

3. Date of filing/registration in Florida

L04000068954

4. Document number

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

Registered Agent:

ROBERT S. HOFFMAN

Registered Office Address:

109 East Church St., Fifth Fl  
Orlando, FL 32801

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

NEW Registered Agent:

AGENTS AND CORPORATIONS, INC.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

300 Fifth Avenue South

Suite 101-330

Naples, FL 34102

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.

Robert S. Hoffman  
Signature of a member or authorized representative of a member

ROBERT S. HOFFMAN  
Printed or typed name of signer

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.

Robert S. Hoffman  
Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

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