

L04 0000 73916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

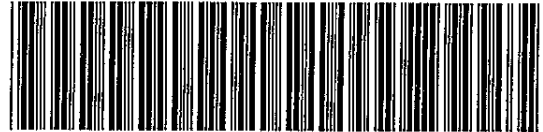
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Time Off, LLC
(Name of corporation)

DOCUMENT NUMBER: L04000073916

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Demian M. Kruchten
(Name of contact person)

Kruchten Law Firm
(Firm/Company)

975 6th Ave. South, Suite 200
(Address)

Naples FL 34102
(City/state and zip code)

For further information concerning this matter, please call:

Demian M. Kruchten at (775) 8962
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 27 AM 10:49

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 19, 2005

DEMIAN M. KRUCHTEN
975 6TH AVE SOUTH STE 200
NAPLES, FL 34102

SUBJECT: TIME OFF, LLC
Ref. Number: L04000073916

We have received your document for TIME OFF, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 905A00036128

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 27 AM 10:49

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**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: Time Off, LLC
2. The mailing address of the limited liability company is: 8621 Champions Point #504
Naples FL 34113

10/11/04
3. Date of filing/registration in Florida

L04000073916
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:

Demian M. Kruchten
Name
975 6th Ave South Ste 101
Address
Naples FL 34102
City, State and Zip

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

Demian M. Kruchten
Name
975 6th Ave South Suite 200
Florida street address (P.O. Box NOT acceptable)
Naples FL 34102
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 27 AM 10:49

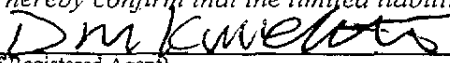
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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)

PIERRE FREGEAU
(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.


(Signature of Registered Agent)

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