1040000 80358

•		
(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:		





100081383891

11/07/06--01027--008 **25.00

2006 NOV -7 AM 10: 46
SECRETARY OF STATE
SECRETARY OF STATE

W QC

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 4 3/4 LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	· ·
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
YUNKER, BRYANT JR (Name of Person)	
	ZIUG NOV -7 SECRETARY TALLAHASSI
(Firm/Company)	
1000 ADMIRALTY PARADE (Alidress)	AM 10: 46 EE, FLORIDA
City/State and Zip Code)	
For further information concerning this matter,	please call:
<u>Joseph De mai o</u> a (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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: 4 3/4 LLC
2. The mailing address of the limited liability company is :
1000 ADMIRALTY PARADE, NAPLES, FL 34102
11/>3/04 3. Date of filing/registration in Florida Lo4000080358 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:
CLASP INC.
3001 TAMIAMI TRAIL NURTH, 4th FLOOR Address
City, State and Zip
6. The name and address of the new registered agent and/or office:
City, State and Zip 6. The name and address of the new registered agent and/or office: Vunker, Aryant Jr. Name SECRETARY SECRETARY
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 of pathorized representative of a member)
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. Orgif 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 FILING FEE: \$25.00

B-1

B-1