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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN - 6 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A.K.T.L., LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Joel Throlkeld, Esq. Name of Person		
Law Office of Joel A. Threbuld, P.A. Finn/Company		
2272 Airport Rd. S., Sk. 101 Address		
Naples, FL 34117 City/State and Zip Code		
Kim @ Slab Z Shingle S. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kimberly Decrey at (239) 262-0058		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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: A. K. T. L., LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	615 Nursery Lane Naples, FL 34119	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	(o15 Nursery Lane Naples, FL 34119	
11/05/2004	L04000080559	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	James H. Siesky	
Registered Office Address:	1000 North Taniami Trail Suite 201 Naples, FL 34102	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Joel A. Threlkeld	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2272 Airport Rd. S. Suite 101 Naples ,FL 34112	
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 again zation erthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Limberty A. Deerey 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		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer- address. I hereby confirm that the limited liability company	per and complete performance of my duties, ition as registered agent as provided for ition ely reflect a change in the registered office 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