

## LOU 0000 83636

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Page Holdings, LLC SUBJECT:	
	ne of Limited 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 thi	s matter to the following:
William A. Jones	
Name of Person	<del></del>
Page Holdings, LLC	
Firm/Company	<del></del>
18950 Creek Bridge Court	
Address	
Alva, FL 33920	
City/State and Zip Code	
billjones242@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter,	please call:
William A. Jones	239 707-7416 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:  Page Holdings,	LLC	
2 (a)		(b)	
- (1)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	18950 Creek Bridge Court		
	Alva, FL 33920		
	11/17/2004	L040000	083636
3.	Date of filing/registration in Florida		Document number
<b>5</b> (a)			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:
	George H. Knott, Esq.		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	<del></del>
	1625 Hendry Street, 3rd Floor		29
			· · · · · · · · · · · · · · · · · · ·
	Fort Myers, F	L	<u> </u>
			<u>~</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del> =3
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	÷.
	William A. Jones		 <u></u>
	NEW Registered Office Address:		<del></del>
	18950 Creek Bridge Court		
			<u> </u>
	Alva	33920	
:hange igent w vas/we	mited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cles of organization of the operating agreement of the	e registered office iability company, i of the limited liab e limited liability c	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Signati	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisio he obli o mere	ry accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in this co e performance of n ed for in Chapter 6 herehy confirm the	apacity. I further agree to comply with the ty duties, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been
Signatur	e of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00