

L05000006803

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
FIGDONIA NAPLES, LLC

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EXAMINER

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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 608.418 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement of change 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: FIGDONIA NAPLES, LLC
- 2.(a) Principal office address: 1837 S NEVADA AVENUE #252, COLORADO SPRINGS, CO 80906
- 2.(b) Mailing address: 455 IRVINGTON COURT, COLORADO SPRINGS, CO 80906
3. Date of filing/registration in Florida: 1/21/2005
4. Document Number: L05000006803
5. The name of the Registered Agent and Registered Office address as shown on the records of the Florida Department of State:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE, NAPLES, FL 34103
6. The name and address of the new Registered Agent and/or Office:

CLASP INC.
3001 TAMiami TRAIL N #400
NAPLES, FL 34103

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 Authorized Representative of a Member

THEODORE R. WALTERS
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


THEODORE R. WALTERS, Registered Agent

If signing on behalf of an entity:

CLASP INC.
Typed or Printed Name

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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