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John Bolan 875 102nd Avenue N Naples, FL 34108
(City/State/Zip/Phone #)
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SECRETARY OF STATE



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.

ageni, or boin, in the State	oj rioriaa.					
1. The name of the limited	i liability company	is: <u>CK</u>	Realty, L	LC		
2. The mailing address of	the limited liability	company is	: 875 102	No Ave. N	<u>* </u>	
			Noples:	FL 3419	3	
1/. /			, ,			
1/2//2005 3. Date of filing/registration in Florida LOSO0009 4. Document number					<u>e</u>	
3. Date of filing/registration	on in Florida		4. Document	number		
5. The name of the register Florida Department of S	State:				ds of the	;
	Michael	H. Ma	<u>wley</u>			
	Michael 24721 Bonita	DOPI'N N	Joods Cir.	Ste. 1		
•	_	Address	_			
	Bonita	Spring	s, FC 34	<u>1</u> 35		
	Ci	ty, 'State and	Zip		2	2
6. The name and address of the new registered agent and/or office:					906 /	<u>~</u> 222
	John 875 10	Bolan			2006 AUG 25	₹₩ ⊇₹ ₩
•		Name		_	25	787 <u>-</u>
_	875 /	02mp A1	re.N.	_	≥= -	음악
	Florida street addr	ess (P.O. Bo	x NOT acceptabl	e)		Z S T S
	. 1		214.69		44 III: 49	뎚
	Naples City	, FL	34108		9	ž
	City	, State and Z	Lip .			
If the limited liability componing the confirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of the limited that the confirmed agreement of the limited that the confirmed agreement of the limited that the limit	ange or changes are the registered agent eby confirmed that to i liability company of the limited liability	made, the F will be iden the change(s or as otherway company.	lorida street addre tical. Or, in the call was/were author	ess of the regist ase of a Florida rized by an affir	tered off limited mative	vote of
Signature of a member or authoriz	led representative of a me	mber)				
Callie	Kitis					
(Printed or typed name of signee)						
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm 1	itment as registered of all statutes relai accept the obligati is document is bein that the limited liab	l agent and a tive to the pr ions of my po ig filed to me ility compan	igree to act in this oper and complet osition as register crely reflect a cha y has been notifie	capacity. I fu. e performance ed agent as pro nge in the regis ed in writing of	rther ag of my di vided fo stered of this cha	ree to uties, or in fice nge.

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