LD5000022797

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Ameridment Section Division of Corporations
SUBJECT: FN3, LLC (Name of corporation)
DOCUMENT NUMBER: L05000022797
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin F. Jursinski
(Name of contact person)
Kevin F. Jursinski, P.A.
(Firm/Company)
7800 University Pointe Drive, Suite 200
(Address)
Fort Myers, Florida 33907
(City/state and zip code)
For further information concerning this matter, please call:
Kevin F. Jursinski at (239) 337-1147
Kevin F. Jursinski at (239) 337-1147 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399



May 9, 2005

KEVIN F. JURSINSKI KEVIN F. JURSINSKI, P.A. 7800 UNIVERSITY POINTE DRIVE, SUITE 200 FORT MYERS, FL 33907

SUBJECT: FN3, LLC

Ref. Number: L05000022797

We have received your document for FN3, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 705A00033120

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 31, 2005

KEVIN F. JURSINSKI KEVIN F. JURSINSKI, P.A. 7800 UNIVERSITY POINTE DRIVE, SUITE 200 FORT MYERS, FL 33907

SUBJECT: FN3, LLC

Ref. Number: L05000022797

We have received your document for FN3, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 005A00038708

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.

agent, or both, in the Stat	e of Florida.		10 011611, 20 110 1 0 2101	orea office of registerea	
1. The name of the limite	ed liability compan	y is: FN3, LL	C	- 	
2. The mailing address of	f the limited liabili	ty company is:		······································	
8721 Cajaput Cove, Fo	ort Myers, Florida	33919		-	
March 7, 2005 L05000022797					
3. Date of filing/registration in Florida 4. Document number					
5. The name of the register Florida Department of		registered office	address as shown on	the records of the	
	Ronald W. Ritch	<u> </u>		•	
	5129 Castello D	Name Orive, Suite 4		· · · · · · · · · · · · · · · · · · ·	
Address Naples, Florida 34103				TASE OF T	
		ity, State and Z	Cip		
6. The name and address of the new registered agent and/or office:					
Kevin F. Jursinski, Esquire					
7800 University Pointe Drive, Suite 200					
Florida street address (P.O. Box NOT acceptable)					
	Fort Myers	FL 3391	19		
	Ci	ty, State and Zip		·	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes at the registered agen- reby confirmed that d liability company	re made, the Flo nt will be identic t the change(s) v or as otherwise	orida street address of cal. Or, in the case of was/were authorized t	the registered office a Florida limited by an affirmative vote of	
(Signature of a member or outher	zed representative of a m	nember)	m <u>u</u> ver ver		
Charles W. Fritz					
(Printed or typed name of signee)			•	•	
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registere s of all statules reld d accept the obliga his document is be that the limited lia	ed agent and ag ative to the prop tions of my post ing filed to mere bility company	ree to act in this cape per and complete per ition as registered ag ely reflect a change u has been notified in v	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.	

Keum F Juniniki Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00