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ECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations	
SUBJECT: The Gretchen Group, LLC (Name of corporation)	-
DOCUMENT NUMBER: <u>L05000026342</u>	
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:	
Demian M. Kruchten (Name of contact person)  Kruchten Law Firm, LLC (Firm/Company)	05 TA
975 6th Ave. South, Suite 200 (Address)	JUN -2 AN ECRETARY OF LLAHASSEE F
Naples FL 34102 (City/state and zip code)	OF STATE
For further information concerning this matter, please call:	
Name of contact person) at (239) 775-8962 (Name of contact person) (Area code & daytime telephone no	Z umber)

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 409 E. Gaines Street Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 19, 2005

DEMIAN M. KRUCHTEN 975 6TH AVE SOUTH STE 200 NAPLES, FL 34102

SUBJECT: THE GRETCHEN GROUP, LLC

Ref. Number: L05000026342

We have received your document for THE GRETCHEN GROUP, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 205A00036132

## 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. The name of the limited	d liability comp	oany is: The G	retchen G	roup,	LLC		
2. The mailing address of	the limited liah	oility company is :	975 6H	Ave:	South	Suite	20
Naples, F	4			· ·	_=,_		•
,							
3/V <sub>+</sub> /05 3. Date of filing/registration			L0500		342		-
3. Date of filing/registration	on in Florida		4. Document	number			
5. The name of the register Florida Department of S	red agent and th	ne registered office	address as show	wn on the r	ecords of	the	
Florida Department of S	Deni	an M. Kru	chlen				
	0-7-	Name					
	9 /5	Name Name Address Address City, State and 2	South				
	Nap	oles FC	34102				
6. The name and address o	_	4.					
	Demic	an M. Kru	chten				
	975	6th Ave S	auth Sta	200			
-	Florida street	address (P.O. Box	NOT acceptabl	<b>~</b> le)			
	11001-	c Er	34102				
	Napies	FL City, State and Zin	0		72 72 73 73 74 75 75 75 75 75 75 75 75 75 75 75 75 75	05	
If the limited liability com		2,	•			چ پ	
confirmed that after the ch	ange or changes	s are made, the Flo	orida street addre	ess of the r	egistered o	office	<u> </u>
and the business office of the liability company, it is here the members of the limited	the registered ag by confirmed t	gent will be identicated that the change(s)	was/were author	ase of a Fig ized by an	affirn <u>a</u> tiv	ed /e. <b>ze</b> te o	ij
the members of the limited the operating agreement of	l liability compa the limited lial	any or as otherwise bility company.	e provided in the	e articles o	f organiza S	tion or	
Signature of a member or authorize		• • •		•	影響	2	
Signature of a member or authoriz	ed representative of	a member)			٠		
Deman	Knick	Sen					
(Printed or typed name of signee)	•						
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 508 FS Or if the	ntment as regist ; of all statutes ;	tered agent and ag relative to the prof	ree to act in this per and complet	i capacity. e performa	I further เ เทce of my	agree to Jauties,	
that tant familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm i	accept the obli is document is that the limited	igations of my posi being filed to mere lightlity company	ition as registere ely reflect a cha has base notifia	ed agent as nge in the	i provided registered	for in office	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**