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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor			1
SUBJECT: Su) Florida Rea (Name of Lim	l Estate Group, LLC lited Liability Company)	-
Dear Sir or Madam:			
The enclosed Registere	ed Agent/Registered Offic	ce Change and fee(s) are submitted for	filing.
Please return all corres	pondence concerning this	s matter to the following:	
Dmyt	YU Zenczak (Name of Person)		06
_		tate broup, LLC	06 SEP 28 PH 1:58
9400 (Gladiolus Dru (Address)	re, Svite 100	FLOADA 1:58
Fort Mye	evs, F2 33408 V/State and Zip Code)		
For further information	n concerning this matter,	please call:	
Niki Lev (Name)	of Person)	(Area Code & Daytime Tele	ephone Number)
STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flor	oorations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a c	check for the following a	amount:	
☑\$25 Filing F	ee	\$55 Filing Fee & Certified Co	pv

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 liability company is: DW FDN'du Kell Estate Oroup, UC.
2. The mailing address of the limited liability company is:
9400 Gladiolus Drive, Suite 100, Fort Myers F2. 33908
6 3 2005 L0 50 000 5 5 1 9 4 3 Date of filing/registration in Florida 4 Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name Dol Hays St.
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: DM y to Zeuc zule
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 a member) or authorized representative of a member) Niki Zenczak, Mgr. Partner
(Printed or typed name of signee) 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. (Signanute of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FI. 32314

FILING FEE: \$25.00