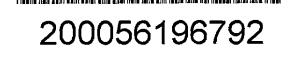
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Office Use Only



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M. HODGES

## TRANSMITTAL LETTER

**TO:** Registration Section

**Division of Corporations** 

SUBJECT: SANDY KEY LANE, LLC

The enclosed Article of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James H. Schneider

SANDY KEY LANE, LLC

2222 SECOND ST.

FORT MYERS, FL 33901

For further information concerning this matter, please call:

James H. Schneider at office: 239-437-5255 or cell: 239-826-7390

Enclosed is a check for the \$25.00 filing fee.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. Pursuant to the provision liability company submit agent, or both, in the Stat	ons of sections 608.42 is the following staten te of Florida.	16 or 608.500 nent in order	8, Florida Stati to change its r	ites, the undersig egistered office o	gned limited er registered
1. The name of the limit	ed liability company is	SANDY I	KEY LANE, LL	С	<u></u> .
2. The mailing address o	f the limited liability of	company is:	2222	SECOND	<u>\$T</u>
	FORT 1	NYERS	,FC	33901	·
JUNE 6, 2005			L050000554	149	
3. Date of filing/registration in Florida 4. Document num			number		
5. The name of the registr Florida Department of		istered office	address as show	n on the records	of the
	9100 COLLEGE F	Name POINTE COU	JRT		_
	<u></u>	Address		<b>–</b>	05 J
FORT MYERS, FL 33919  City, State and Zip				<u>-</u>	
6. The name and address of the new registered agent and/or office:					7
PARACORP INCORPORATED				**************************************	
	236 EAST 6TH AVENUE			<u>.</u>	t
	Florida street addre	ss (P.O. Box 1	NOT acceptable	;)	
	TALLAHASSEE,	FL 3230			
	City,	State and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are in the registered agent we reby confirmed that the	made, the Flor vill be identicated to the change (s) was	rida street addre al. Or, in the ca	ss of the registere se of a Florida lin zed by an affirma	ed office nited tive vote of
(Stgnature of a member or author	ized representative of a mem	ber)			
(Printed or typed name of signee)	RBT	<del></del>			
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm  (Signature of Registered Agent)	for				er agree to my duties, led for in ed office s change.
252 tont Sec Division	n of Corporations, P	O. Box 6327	, Tallahassee, l	FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)