L050000055958

| (Requestor's Name) | | |
|---|--|--|
| | | |
| (Address) | | |
| | | |
| | | |
| (Address) | | |
| • | | |
| (City/State/Zip/Phone #) | | |
| | | |
| PICK-UP WAIT MAIL | | |
| | | |
| , | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to Filing Officer: | | |
| Special mandatone to 1 ming officer. | | |
| · | | |
| · | | |
| | | |
| · | | |
| · | | |
| | | |
| | | |
| | | |

Office Use Only



100132700781

07/24/08--01018--002 **55.00

OB JUL 24 AMII: 15

J. BRYAN
JUL 2 5 2008
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|-----------|
| SUBJECT: SOLOMON ENTERPRI (Name | SES, LLC of Limited Liability Company) | - |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| Yvonne B Solomon (Name of Person) | | 0 |
| SOLOMON ENTERPRISES, LLC (Firm/Company) | | 08 JUL 24 |
| 7055 Radio Road (Address) | | F1 |
| Naples, FL 34104 | | • |
| (City/State and Zip Code) | | |
| For further information concerning this matt | ter, please call: | |
| Yvonne B Solomon | at (239) 221-7520 or 239-222-0482 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | • |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | ng amount: | |
| □ \$25 Filing Fee | ☑ \$55 Filing Fee & Certified Copy | |

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.

| in the stone of 1 to tue. | |
|---|---|
| 1. Name of the limited liability company: SOLOMOI | N ENTERPRISES, LLC |
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | ny: 413 Panarea Drive Punta Gorda, FL 33950 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 7055 Radio Road Naples, FL 34104 |
| June 6, 2005 | LO5000055958 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown o | n the records of the Florida Dept. of State: |
| Registered Agent: | Louis Solomon |
| Registered Office Address: | 413 Panarea Drive Punta Gorda, FL 33950 |
| NEW Registered Agent: | Yvonne B Solomon, Managing Member |
| NEW Registered Agent: | Yvonne B Solomon, Managing Member |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 7055 Radio Road Naples ,FL 34104 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) Louis Schomon, President (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect to confirm that the limited liability company has been notifications. | eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the |
| F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notifi | a change in the registered office address, I hereby led in writing of this change. |

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

FILING FEE: \$25.00