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

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MEMIER GATAGE OF Name of Limited I	f SW FLORINA	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ANDREW AMEIUTH Name of Person		
PREMIER GATAGE of SW FLORINA Firm/Company		
28440 OLD 41 RD SUITE 7 Address		
BONITA SPRINGS FL 34135 City/State and Zip Code		
5W F-LORINA @ PREMIERGAINGE, Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ANDREW AMENUTA at (339) 949-5584 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 amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

STÀTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company: PREMM	ER (TATAGE of SW FLORINA
2. (a) Principal office address of limited liability company	: 28440 OLIS 41 RD
(Note: MUST BE STREET ADDRESS)	SUITE 7 BONITA SPRINGS, FL 34135
(b) Mailing address of limited liability company:	PREMIERGALAGE of SW FLORINA
(Note: MAY BE POST OFFICE BOX)	BONITA SPRINGS FL 34135
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	AGENTS & CORPORATIONS, INC
Registered Office Address:	300 FIFTH AVE SOUTH SUITE 101-330 NAPLES, FL 34102 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	ANDSLEW AMENTA PREMIERGATAGE OF SW FLORIDA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	28440 OLD 41 RD SUITE 7 BONITA SPRINGS ,FL 34135
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	- 10 SE
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I furthet agree to per and complete performance of my duties sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this khange.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00