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D. BRUCE

SEP 15 2008

**EXAMINER** 

## **COVER LETTER**

Division of	f Corporations		
SUBJECT:	Konitzer	Enterprises LLC	<del></del>
	(Nam	e of Limited Liability Company)	
Dear Sir or Madan	n:		
The enclosed Regi	istered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Fiease return all co	orrespondence concerni	ng this matter to the following:	
Brian	P. Konita (Name of Person)		
Konitza	er Enterprise (Finn/Company)	es LLC	
914	W. Shell (Address)	Point RJ.	2008 S SECRITALLA
Rusk	(City/State and Zip Code)	70	2000 SEP 12 PM 1: 1 SECRETARY OF STATE TALLAHASSEE, FLORID
For further inform	ation concerning this m	atter, piease caii:	H 1:18
Brian P.	Konitzer ame of Person)	at ( <u>813</u> ) <u>471 – lo54</u> (Area Code & Daytime Telephone Numbe	ст)
Registration Division of Clutton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enciosed i	is a check for the follow	wing amount:	
☐ \$25 Fiii	ing Fee	\$55 Filling 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.

<del>.</del>						
1. Name of the limited liability company: _	Konitz	er Enter	prises	LLC		
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	oility company: ESS)		W. Sh	1811 P	<u>o</u> <u>o</u>	79
(b) Mailing address of limited liability co (Note: MAY BE POST OFFICE BO			_ `	1245		
01/06/2006		L06000	00227		<u>.</u> _	
3. Date of filing/registration in Florida	4	. Document nun	nber			
5. (a) Registered Agent and Registered Offi	ice shown on th	ne records of the	Florida Dept	. of State:		
Registered Agent:		Riveruiz	e Tax	+ Wort	zuge.	Inc
Registered Office Address:		7039	US Hu	( 301	<u>S</u>	
		RIVERVIEW	~, Fh.	33569	<del></del>	
(b) Enter name of <u>NEW Registered Age</u>	nt and/or NEW	Registered Off	ice address:			
NEW Registered Agent:		Brian	P. Kon	itzer		
NEW Registered Office Address: (MUST BE FLORIDA STREET AD	DRESS)		. Shell			
If the limited liability company is not organize that after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/wer liability company or as otherwise provided in limited liability company.  (Signature of member of authorized representative of a member of the appointment as registered comply with the provisions of all statutes relating familiar with and accept the obligations of F.S. Or, if this document is being filed to me confirm that the limited liability company has	e Florida street l. Or, in the case authorized by the articles of ember)  and agent and agentive to the pro- of my position a rely reflect a cl s been notified	address of the rese of a Florida ling an affirmative verganization or the registered age hange in the registered age in writing of this	of Florida, it is gistered office ited liability of the money of the money of the money of the performance of the performance of the columns	s hereby co ce and the bi company, embers it the agreement AHASSEE, FLORDING further of the con- ce of min address, I had address, I had address, I had address, I had address and I had address and I had a	nfirmed usiness it is ne limite of the SEP 12 PH	ed T
Division of Corneration	ms, P.O. Bus (	327. Tallahassa	v.FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)