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SECRETARY OF STATE NE SECRETARY OF CORPORATIONS ON OFFICE 19 PM 2: 18

J. BRYAN

FEB 2 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pews or Name of Limite	SUlting, LLC d Liability Gompany)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
James Pews		
(Name of Person) Pews Consulting LL (Firm/Company)	08 FEB 19 PM 2: 18	
15220 Portside Dr. (Address)	# <u>50</u> 2	
F7 Myers FL 32 (City/State and Zip Code)	3908	
For further information concerning this matter, ple	ease call:	
(Name of Person) at (239 287-2955 (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 am	ount:	
\$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 liability company submits the following statement agent, or both, in the State of Florida.	r 608.508, Flori in order to char	da Statutes, the un ige its registered o <u>f</u>	dersigned limited Jice or registered
agent, or both, in the State of Florida.	1/ /	To the	110
1. The name of the limited liability company is:	tews (-01/20 11/mg). W.
2. The mailing address of the limited liability comp	pany is : 1522	D fortside	<u>- UC #50Z</u>
	F+ M	yers, FL	33908
1-25-2006	LD	600001132	2.7
3. Date of filing/registration in Florida	4. Do	cument number	
5. The name of the registered agent and the registered Florida Department of State:	red office address	as shown on the rec	cords of the
7744 Gard Naples	ame Idres Idress ate and Zip	#202 4109	SECRETARY DIVISION OF CO
6. The name and address of the new registered agen	nt and/or office:		TED CORPOR
James	<i>Yews</i>		N 2
15220 Port	side Dr	F502	STATE NS 2: 10
Florida street address (P	O. Box NOT ac	cceptable)	
Ft Myers, F City, State	$\frac{339}{2000}$	08	
• /	•		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the ch of the members of the limited liability company or or the operating agreement of the limited liability company.	e, the Florida stro be identical. Or, nange(s) was/wer as otherwise pro	eet address of the re in the case of a Flor re authorized by an a	gistered office rida limited affirmative vote
J. Fer, MERM			
(Signature of a member or authorized representative of a member) Ames Pew 5 (Printed or typed name of signee)			
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, Thereby confirm that the limited liability of (Signature of Registered Agent)	nt and agree to a o the proper and of my position as od to merely refle company has bee	ct in this capacity. complete performar registered agent as ct a change in the ri n notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.
(Signature of Registered Agent)			

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