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SECRETARY OF STATE
AND AHASSEE, FLORID

C. LEWIS

AUG 2 9 2011

EXAMINER

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 hability company submits the following statement in or agent, or both, in the State of Florida.	2,508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	. Beers, LLC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	15581 Pine Ridge Road
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	15581 Pine Ridge Road Fort Myers, Florida 33908
2/7/2006 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 Deptrof State
Registered Agent:	Lauri Beers
Registered Office Address:	18020 Leetana Road Or CO North Fort Myers, Florida 33917
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	Lesley Beers
NEW Registered Agent: NEW Registered Office Address:	
(MUST BE FLORIDA STREET ADDRESS)	15581 Pine Ridge Road Fort Myers, Florida 33908
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company or as other company. Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Lesley Beers 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 pand I am familiar with and accept the obligations of my in Chapter 608, F.S. Or, if this document is being filed to had address. Thereby confirm that the limited liability company.	
Signature of Registered Agent	CARL ANG
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

INHS18 (05/08)