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SECURE TARY OF STATE OF CORPORATIONS

J. BRYAN

NOV 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John H. PEStalbezi JR., LLC. (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:
Name of Person)
John H. Pestalozzi In. LLC.
17309 Hialean Dr.
Odessa, Fl. 33556 (City/State and Zip Code)
For further information concerning this matter, please call:
The H. Pestalore: In at (FB) 220-036 ((Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to cha)8, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or both,
in the State of Florida. 1. Name of the limited liability company:	H. Pestalozzi In. LLC.
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	17200 1111
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17309 HinlenH In.
02/20/06 3. Date of filing/registration in Florida	L06000018080 4. Document number
	the second of the Florida Dans of States
(a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State:
Registered Office Address:	17369 Histery Dr
	DAISSA, FR. SSSS6
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1003 Parley Dr.
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et 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
(Signature of a member or authorized representative of a member) Ohn H. Restantozzi To (Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pray familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature of Registered Agent)	. (227 T-II-L EL 22214
/ Division of Corporations, P.O. Box	CD327. TAHANASSEE. FL. 32314

FILING FEE: \$25.00