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SECRETARY OF STATE

COVER LETTER

	gistration Section rision of Corporations			
SUBJECT: PLATO CANAL CONDO, LLC				
	Name of L	imited L	iabili	ity Company
Dear Sir or	Madam:			
The enclos	ed Registered Agent/Registered O	ffice Ch	ange	and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning t	his matt	er to	the following:
	JACK KRONGARD			·
	Name of Person			
				•
	PLATO CANAL CONDO, LLO)		•
·	Firm/Company	•		_
	2506 DEL PRADO BLVD, S			
	Address			_
	CAPE CORAL, FL 33904			
	City/State and Zip Code			_ .
	2 .			
	iack krongard@gmail.com			
E-mail	jack.krongard@gmail.com address: (to be used for future annual report no	otification)		_
For further	r information concerning this matte	er, please	e call	l :
	Jack Krongard	at (612	750-6436
	Name of Person			Area Code & Daytime Telephone Number
· ST	REET/COURIER ADDRESS:		МА	AILING ADDRESS:
	gistration Section			gistration Section
	vision of Corporations		_	vision of Corporations
	fton Building	,		D. Box 6327
	51 Executive Center Circle		Tal	llahassee, Florida 32314
Tal	llahassee, Florida 32301			
En	closed is a check for the followin	g amou	nt:	
V	\$25 Filing Fee	Γ	\ \$5	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 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.

1. Name of the limited liability company:	PLATO CANAL CONDO, LLC			
2. (a) Principal office address of limited liability con	npany: 2506 DEL PRADO BLVD, S			
(Note: MUST BE STREET ADDRESS)	CAPE CORAL,FL 33904			
(b) Mailing address of limited liability company:	2506 DEL PRADO BLV9, S			
(Note: MAY BE POST OFFICE BOX)	CAPE CORAL, FL 33904			
APRIL 28, 2006	L06000044573 3 0			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. Tate:			
Registered Agent:	KRAUS & BALLENGER, PA			
Registered Office Address:	1072 GOODLETTE ROAD NAPLES, FL 34102			
(b) Enter name of NEW Registered Agent and/or				
NEW Registered Agent:	JACK KRONGARD			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2506 DEL PRADO BLVD, S			
MOST BE FLORIDA STREET ADDRESS)	CAPE CORAL ,FL33904			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member				
JACK KRONGARD, MANAGING MEMBER Printed or typed name of signee	₹ '			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address? I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.			

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

Signature of Registered Agent