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SECRETARY OF STATE DIVISION OF CORFORATION

N. Cuttigan JUN 2 7 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited	TWO LL C Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
REINA Schlager Name of Person Tier Two LLC Firm/Company	
12525 NEW Brittary	Blvd Bldg #30
FORT MYERS FL 3390 City/State and Zip Code	7
TPinaschlager e ssladvis. E-mail address: (to be used for future annual report notification	ors.com
For further information concerning this matter, pleas	ee call:
Reina Schlager at (239) 333 0490 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 amou	nt:
25 Filing Fee	S55 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.

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Name of the limited liability company:	TierTwo LLC
2. (a) Principal office address of limited liability comp	· · · · · · · · · · · · · · · · · · ·
(Note: MUST BE STREET ADDRESS)	6144 #30 FORT MYERS FL 33907
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	(Same as aba sign
	FILEL
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Schlager, Reina
Registered Office Address:	8270 College PKWy # 101
	FORT MYERS, FL 33919
(b) Enter name of NEW Registered Agent and/or <u>l</u>	NEW Registered Office address:
NEW Registered Agent:	Same
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12525 NEW Brittany Blvd BIDG #30 FORT MYERS FL 33904
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as our the operating agreement of the limited liability company.	ne Florida street address of the registered office

Printed or typed name of signee

Signature of member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirming the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314