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(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
(4).	y water in print the title	<i>,</i>		
PICK-UP	WAIT	MAIL		
Lead	_			
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Chariel instructions to	Filing Officer			
Special Instructions to	Filing Officer:			

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G. MCLEOD

JUN 27 2011

EXAMINER



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COVER LETTER

	egistration Section vision of Corporations			*
SUBJEC	T:O^c	Tier Lu Name of Limited	- c Liability C	ompany
Dear Sir c	or Madam:			
The enclo	sed Registered Agent/Reg	gistered Office C	hange and t	fee(s) are submitted for filing.
Please reti	urn all correspondence co	oncerning this ma	itter to the f	ollowing:
	Robert Sch Name of Person	lager		
	One Tier LL Firm/Company	.С		
1252	Address	tany Blv	<u>d</u> 7	3 log # 30
FORT	City/State and Zip Co	3390 ode	7	
E-mail	ert 5 ch lager @ address: (to be used for future and	_S S ladve.	5015. Co	im
For furthe	r information concerning	this matter, plea	se call:	
Rober	+ Schlage/ Name of Person	at (3330490 ode & Daytime Telephone Number
Rej Div Cli 260	REET/COURIER ADDR gistration Section vision of Corporations fton Building 61 Executive Center Circle Hahassee, Florida 32301	ESS:	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314
En	closed is a check for the	following amo	int:	
X	\$25 Filing Fee		\$55 Fili	ng Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR F 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.

agent, or both, in the State of Florida.	
	le Tier, LLC
2. (a) Principal office address of limited liability company	12525 NEW Brittany Blue
(Note: MUST BE STREET ADDRESS)	FORT MY ERS, FL 33907
(b) Mailing address of limited liability company:	(same as above)
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State.
Registered Agent:	Schlager Robert F
Registered Office Address: 8270 College 1 kwy	12525 NEW BITTANY BIVE
FORT MYERS, FL	FORT MY ERE FL 33907
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
NEW Registered Agent:	sume
NEW Registered Office Address:	12525 NEW Britany Blue
(MÜST BE FLORIDA STREET ADDRESS)	Bldg #30 FORT MY ERS ,FL 33907
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
Robert Schlager Printed or typed name of signee	
I hereby accept the appointment as registered agent and agently with the provisions of all statules relative to the provision of all statules relative to the proving I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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