

**L06000057616**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000178656 3)))



H070001786563ABC7

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations

Fax Number : (850) 205-0380

## From:

Account Name : AARON A. FARMER, P.L.

Account Number : I20070000090

Phone : (239) 262-2040

Fax Number : (239) 262-2180

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUL 12 AM 10:34

RECEIVED

07 JUL 12 AM 8:00

DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE****MAESTROSHIELD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

JB

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAESTROSHIELD, 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:

Maria C. Ferrao  
(Name of Person)

Aaron A. Farmer, P.L.  
(Firm/Company)

720 Fifth Avenue South, Suite 211  
(Address)

Naples, FL 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria C. Ferrao at ( 239 ) 262-2040  
(Name of Person) (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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUL 12 AM 10:35

**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. The name of the limited liability company is: MAESTROSHIELD, LLC
2. The mailing address of the limited liability company is : 1455 Rail Head Blvd., Unit 6,  
Naples, FL 34110

- 6/5/2006 L06000057616
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Fowler White Boggs Banker PA  
Name  
5811 PELICAN BAY BLVD., SUITE 600  
Address  
Naples, FL 34108  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Aaron A. Farmer, P.L.  
Name  
720 Fifth Avenue South, Suite 211  
Florida street address (P.O. Box NOT acceptable)  
Naples, FL 34102 FL  
City, State and Zip

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)

Sven Christer Kallstrom  
(Printed or typed name of signee)

*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 confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 JUL 12 AM 10:35