## L060000 67396

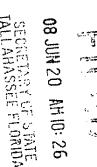
(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Aut	11622)	
•		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	,
Certified Copies	Certificates	s of Status
	. Ocitinoates	
Special Instructions to Filing Officer:		
}		
<u> </u>		

Office Use Only



600131476446

06/20/08--01014--018 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: E.A. Scherder, LLC (Name of Lim	ited 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 m	natter to the following:	
Edward A. Scherder (Name of Person)		
E.A. Scherder, LLC (Firm/Company)		
545 Pine Grove Lane	<del></del>	
(Address)		
Naples, FL 34103	<del> </del>	
(City/State and Zip Code)	,	
For further information concerning this matter, ple	ease call:	
Angela Scherder at (_	239 ) 348-8869	
(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 am	ount:	
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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: E.A. S	Scherder, LLC
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: 545 Pine Grove Lane Naples, FL 34103
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	7: 545 Pine Grove Lane Naples, FL 34103
July 05, 2006	<u>L06000067396</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Corporate Creations Network Inc.
Registered Office Address:	11380 Prosperity Farms Road #221E
	Palm Beach Gardens, FL 33410
(b) Enter name of <b>NEW Registered Agent</b> and	
NEW Registered Agent:	Edward A. Scherder
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	545 Pine Grove Lane
Medi bu i bombii birmai inbamb	Naples <u>,</u> FL 34103
that after the change or changes are made, the Florio office of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were authority	der the laws of the State of Florida, it is hereby confirmed da street address of the registered office and the business in the case of a Florida limited liability company, it is orized by an affirmative vote of the members of the limited rticles of organization or the operating agreement of the
(Signature of a member or authorized representative of a member)	
Edward A. Scheider	
(Printed or typed name of signee)  I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p.F.S. Or, if this document is being filed to merely reconfirm that the limited liability company has been	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, effect a change in the registered office address, I hereby notified in writing of this change.
(Signature of Registered Agent)	

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