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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CK Stocks, LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
James W. Collins, Esq.	·	
(Name of Person)		
Law Office of James W. Collins, P.A.  (Firm/Company)		
7273 Bee Ridge Rd.		
(Address)	<del></del>	
Sarasota, FL 34241		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
James W. Collins	at ( 941 ) 342-9345	
(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	ng amount:	
\$25 Filing Fee	\$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. The name of the limited I	iability company is	: CK Stocks, LLC		
	•	company is : P.O. Box 677, Dade City	, Florida 33526	
July 6, 2006		L06000067802		
3. Date of filing/registration in Florida		4. Document number		
	d agent and the regi	istered office address as shown on th	ne records of the	
<u>N</u>	latalie Swaney			
_		Name		
5	777 Beneva Road	South		
Address				
Sarasota, Florida 34233			<b>≥</b> ESE <b>&gt;7</b>	
	City	, State and Zip		
6. The name and address of	the new registered a	agent and/or office:	FILED MAR 19 AHII: 39 CRETARY OF STATE LAHASSEE, FLORID	
Ja	ames W. Collins, E	≣sq		
_		Name		
72	7273 Bee Ridge Rd.		용A <b>:</b>	
Ţ	Florida street addres	ss (P.O. Box NOT acceptable)	DA G	
<u>s</u>	arasota, FL 34241	FL		
	City,	State and Zip		
confirmed that after the char and the business office of th liability company, it is hereb	nge or changes are re registered agent was confirmed that the ed liability company of the limited liability.		ne registered office Florida limited an affirmative vote	
Printed or typed name of signce)	<u>/</u>			
	ment as registered a of all statutes relativ iccept the obligation is document is being tat the limited liabil	agent and agree to act in this capact ve to the proper and complete perfor ns of my position as registered agen t filed to merely reflect a change in t ity company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.	

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

(Signature of Registered Agent)