## 604000071128

(Re	equestor's Name)				
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## COVER LETTER

Division of Corporations				
SUBJECT: 2425 High land (Name of	1 Avenue 4	LLC	· ·	
(Name of	Limited Liability (	.ompany)		
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:		
Abigail Walker (Name of Person)				
(Name of Person)				
(Firm/Company)		•		
(Fillineoimpany)	<i>*</i>			
27606 Wisconsin ST (Address)	<u> </u>			
		•	2007 SE(	
Bonita Springs, F-L (City/State and Etp Code)	34/35		SECRETARY TALLAHASS	
			- Laboratoria - Carataria - Ca	
For further information concerning this mat	ter, please call:		AH II:	
Abigail Walker (Name of Person)	_at (_239).	948-78 78 ea Code & Daytime Tele	<u> </u>	
(Name of Person)	(Arc	ea Code & Daytime Tele	ephone 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 followi	ng amount:	•		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (8/05)		•		

## 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:	2425 Hi	ghland Ave	onve ILC	<u>,                                    </u>
2. The mailing address of		•	<i></i>		
		N	APLES, FL	34117	•
July 17, 200	6	40	6 0000 7/12	28	
3. Date of filing/registration	on in Florida		ıment number		
5. The name of the register Florida Department of S				ecords of the	
-	Migmi, FL 3 City, State	B13 / e and Zip			
6. The name and address of	f the new registered agent  Gary Wilson  Porter Wright P  Nam  5701 Pelican P  Florida street address (P.  Naples FI  City, State	lerris & Arthure Bay Blud. S O. Box NOT acc		2007 SEP 18 AMII SECRETARY OF ST TALLAHASSEE.FLO	The state of the s
If the limited liability componing confirmed that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorized)	ange or changes are made, he registered agent will be by confirmed that the chaited liability company or a cof the limited liability co	, the Florida stree e identical. Or, in ange(s) was/were	et address of the real the case of a Floating	it is hereby registered office orida limited	ce ote
Ellsworth E (Printed or typed name of signee)	. McIntyre	<del></del>			
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirms	ntment as registered agent of all statules relative to l accept the obligations of his document is being filed that the limited liability co	and agree to act the proper and co my position as re to merely reflect mpany has been	in this capacity.  omplete performe gistered agent a tachange in the notified in writin	I further agre ance of my dut s provided for registered offi g of this chang	e to ies, in ce ge.

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