## 1060000831667

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PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 25 PH 3: 57

## COVER LETTER

Division of Corporations		
SUBJECT: LEE & A	SSOCIATES 001, L.L.C	
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:		
rease retain an correspondence concerning i	inis matter to the following.	
Robert A. Lee Jr.		
Name of Person		
L 0 A		
Lee & Associates 001, L.L.C		
rimi/Company		
2686 Middle Country Rd.		
Address	<del></del>	
Lake Grove, NY 11755		
City/State and Zip Code		
Robertaleejr@aol.com  E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, please call:		
ror futurer anomation concerning this matte	i, picase can.	
Robert A. Lee Jr	at ( 516 ) 903-6400	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
✓\$25 Filing Fee	S55 Filing Fee & Certified Conv	

## 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.

Name of the limited liability company:	Lee & Associates, L.L.C
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	2686 MIDDLE COUNTRY RD.
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2686 MIDDLE COUNTRY RD. LAKE GROVE, NY 11755
012312006	L060000 83669
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Schutt, Darrin R ESQ.
Registered Office Address:	1105 Cape Coral Parkway East
	Suite C Cape Coral, FL 33904
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Robert A. Lee Jr.  1840 N. Tamiami Trail
	North Fort Myers ,FL33903
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Robert A. Lee Jr.  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the peand I am familiar with and accept the obligations of my peand I am familiar with and accept the obligations of my peand I hereby confirm that the limited liability company.	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by arraffirmative vote erwise provided in the articles of organization y.  AHARY OF STARRY
Signature of Registered Agent	

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