## L06000009353/

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
A. LUNT	
JUN 04 2008	ŀ

Office Use Only

**EXAMINER** 



600130493036

06/02/08--01016--008 ++25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
	ame of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
(Address)	SECRETARY OF STATE TALLAHASSEE, FLORIDA  TO 3207
For further information concerning this  (Name of Person)	at (18) 477 - 8300  (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 fo	llowing 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 Name of the limited Healthing annual TDC C	alutions 110	
1. Name of the limited liability company: (1)	1 I Was I I I Comb Do	
<ol> <li>(a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)</li> </ol>	ny: 161 Woodlands Creek Dr	
(ITOR: MESI DE STREET TIDDRESS)	32082	
(b) Mailing address of limited liability company:	He Woodlands Creek Dr.	
(Note: MAY BE POST OFFICE BOX)	Ponte Vedra Beach, FL	
l l		
9/25/06	L06000093531	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	John D. Sanfilippo III	
Registered Office Address:	IM 519 ATA N'	
	Ponte Vedra Beach 12000	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	John D. Sanfilippo TI	
NEW Registered Office Address:	Ilel Woodlands Creek Dr.	
(MUST BE FLORIDA STREET ADDRESS)	Ponte Vedra Beach	
If the limited liability company is not organized under the	e laws of the State of Florida, it is hereby confirmed	
that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the	eet address of the registered office and the business	
hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles	by an affirmative vote of the method of the limited	
limited liability company.	of organization of the operating take them experience	
In Junic Got The	ARY SSE	
(Signature of a member or authorized representative of a member)		
John Dominic Santilippo III	— ESTAL	
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the similar liability company has been notificated.	proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608,	
F.S. Or, if this document is being filed to merely reflect confirm that the simited liability company has been notific	t change in the registered office address, I hereby ed in writing of this change.	

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

(Signature of Registered Agent)