06000108369

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
_		
Special Instructions to Filing Officer:		

. ساهر

Office Use Only



100242161511

01/09/13--01012--003 **150.00

FILED 013 JAN -9 PM 1: 08 SECRETARY OF STATE.

JAN 1 0 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: AMY SEAWALL INVESTMENTS, LLC

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:

JAMES E. WILLIS

Name of Person

JAMES E. WILLIS ESQ

Firm/Company

975 6TH AVE S #200

Address

NAPLES FL 34102

City/State and Zip Code

JWILLISATTY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WILLIS

_{at (}239 \

435-0094

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 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.

agein, or com, in the state of 1 to ma.	
1. Name of the limited liability company: AMY SEAWAL	L INVESTMENT, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 975 6TH AVE S SUITE 200 NAPLES, FL 34102
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	975 6TH AVE S SUITE 200 NAPLES, FL 34102
11/08/2006	L06000108369
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:	AMY K, WRIGHT
Registered Office Address:	6555 SANDALWOOD LANE NAPLES, FL 34109
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address: JAMES E. WILLIS, ESQ
NEW Registered Agent:	UNIVERS E. WILLIO, ESC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	975 6TH AVE S SUITE 200 NAPLES .FL 34102
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other operating agreement of the limited liability company. Signature of a member of authorized representative of a member	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
JAMES E. WILLIS Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the angle I am familiar with and accept the obligations of the Chapter 608, F.S. Or, lif this abdument is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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