## 407000009831

(Requestor's Name)		
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(Document Number)		
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T. HAMPTON

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EXAMINER

## **COVER LETTER**

Division of Corporations		
	ineapple Plaza Group, LLC	
Name 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:	
John Scandiffio Name of Person		
Pineapple Plaza Firm/Company	· · · · · · · · · · · · · · · · · · ·	
25477 E. Marion	Ave	
Purta Gorda, FL City/State and Zip Code	33950	
Pireapole Strage Center Egnail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Holly Papel	at (941) 505-0626  Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	·	
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.

and the same of the same of the same		
Name of the limited liability company:Pi	neapple Plaza Group, LLC	
2. (a) Principal office address of limited liability company	<i>/</i> :	
(Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
January 26, 2007	L0700009831	
· · · · · · · · · · · · · · · · · · ·	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Bolanos Truxton, PA	
Registered Office Address:	12800 University Drive, Suite 350 Fort Myers, FL 33950	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:  Holly Papol	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	25477 East Marion Avenue	
	Punta Gorda ,FL33950	
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, thereby confirm that the limited liability company Signature of Register's Agent	gree to act in this capacity. I further agree (6) sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
\ \ \ \	27 Tallahassaa El 22214	
Quivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

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