

L07000022929

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
Fax Number : (941)639-0028

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.
Email Address: Cheryl@CamrealitySuff.com

LLC REGISTERED AGENT CHANGE
CIELOFT, LLC

Certificate of Status	0
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T. BROWN

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIELOFT, 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:

CHERYL MAYMON

Name of Person

CAM REALTY OF SW FLORIDA INC

Firm/Company

P.O. BOX 3830

Address

NORTH FORT MYERS, FL 33918

City/State and Zip Code

CHERYL@CAMREALTYSWFL.COM

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

For further information concerning this matter, please call:

CHERYL MAYMON

Name of Person

at (239) 731-7253 X1

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

INHS18 (5/08)

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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 liability company: CIELOFT, LLC

2. (a) Principal office address of limited liability company: 1888-A NORTH TAMiami TRAIL
NORTH FORT MYERS, FL 33603
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company: P.O. BOX 3830
NORTH FORT MYERS, FL 33618
*(Note: **MAY BE POST OFFICE BOX**)*

02/28/2007

3. Date of filing/registration in Florida

L07000022928

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: MARTIN SCHULZ

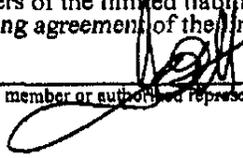
Registered Office Address: 713 W. RETTA ESPLANADE
PUNTA GORDA, FL 33950

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CHERYL MAYMON

NEW Registered Office Address: 1888-A NORTH TAMiami TRAIL
(MUST BE FLORIDA STREET ADDRESS) NORTH FORT MYERS, FL 33603

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Frenz Hard
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

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