107 0000 a 8/3/

(Requestor's Name)				
(Address)				
(Address)				
(all soc)				
(City/State/Zip/Phone #)				
(Otty/State/Zip/Filotte #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



400138385584

12/04/08--01012--013 **55.09

08 DEC -4 AH IO: 52



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	TECT: 2500 Del Prado LLC (Name of L	Limited Liability Company)	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning the	is matter to the following:	
_Но	ward Freidin (Name of Person)		
	ward Freidin, P.A. (Firm/Company) 245 McGregor Boulevard	SECRETARY OF S	FILED PAID: 52
	(Address)	ORIGINAL PROPERTY OF THE PROPE	5%
_F	ort Myers, Florida 33901 (City/State and Zip Code)	,	
For	further information concerning this matte		
H	oward Freidin	at (239) 337-1918	
	(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	ng 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.

, The State of 1 to take		
Name of the limited liability company:2500 December 1.	el Prado LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2245 McGregor Boulevard Fort Myers, Florida 33901	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Post Office Box 176157 Fort Mitchell, Kentucky 41017	
3/14/07 3. Date of filing/registration in Florida	<u>L07000028131</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	080
Registered Agent:	Lionel Gray	OB DEC -4
Registered Office Address:	Cape Coral, Florida 33914	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:	為
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2245 McGregor Boulevard Fort Myers FL 33901	
If the limited liability company is not organized under the that after the change or changes are made, the Florida strength office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the busine	225
Howard Freidin		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positi F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noti	d agree to act in this capacity. I further agree to proper and complete performance of my duties, a fon as registered agent as provided for in Chapte ta change in the registered office address, I here fied in writing of this change.	and r 60 by
(Signature of Registered Agent)		

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