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TO: **Registration Section**

Division of Corporations

SUBJECT: ST. PETE PROPERTY HOLDINGS, LLC

DOCUMENT NUMBER: L07000087936

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William R. Heitz, Esq. Heitz & Associates, P.C. 345 Woodcliff Drive Fairport, New York 14450

For further information concerning this matter, please call:

William R. Heitz, Esq. at 585-387-0000

Enclosed is a \$25.00 check made payable to the Department of State.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR Windered Linds lity 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. The name of the limited liability company is:

ST. PETE PROPERTY HOLDINGS, LLC

2. The principal office address of the limited liability company is:

200 Tech Park Drive Rochester, New York 14623

- 3. The mailing address (if different) of the limited liability company is:
- 4. Date of filing/registration: 08/28/2007 Document number: L07000087936
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William R. Heitz 310 South Ocean Blvd. Suite 402 Boca Raton, FL 33432

6. The name and address of the new registered agent (if changed) and/or registered office (if changed):

William R. Heitz, Esq. Slinkman & Slinkman, PA 1015 W. Indiantown Road Suite A-101 Jupiter, FL 33458 (561) 686-3400

Signature of an officer or director)

(printed or typed name and title)

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 obligation of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document

A CONTRACTOR OF THE PROPERTY O

is being filed merely to 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 Registered Agent)

William R. Herrz
(printed or typed name and title)

If signing on behalf of an entity:

(printed or typed name and title)

FILING FEE: \$25:00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314