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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
. (Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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LCM-88408

Office Use Only

M. THOMAS

SEP - 3 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.	JECT:	Joe Bird LLC	_ 6
	(Nan	ne of Limited Liability Company)	_
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerni	ing this matter to the following:	
Victor	J. Drobnic		08 SE
	(Name of Person)		OB SEP -2 PM 2: 13
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	2: 13 2: 13
1646	Colonial Blvd (Address)		፟፟፟፟
Fort I	Myers Florida 33907		
	(City/State and Zip Code)		
For fi	urther information concerning this m	natter, please call:	
Victor	J. Drobnic	at (239) 936-2911	
	(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 follow	wing amount:	
	☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

3.4

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 Frontier.	
Name of the limited liability company:	Joe Bird LLC
2. (a) Principal office address of limited liability constant (Note: MUST BE STREET ADDRESS)	
	Fort Myers Florida 33907
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	: 1646 Colonial Blvd
,	Fort Myers Florida 33907
28 August 2007	L07000088408
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	- co
Registered Agent:	Victoria Robben
Registered Office Address:	2708 SE 23rd St
	Cape Coral, FL 33904 US
(b) Enter name of NEW Registered Agent and/o	50 M
NEW Registered Agent:	Victor J. Drobnic
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1646 Colonial Blvd
MUST BE TEURIDA STREET ADDRESS	Fort Myers,FL 33907
that after the change or changes are made, the Florid office of the registered agent will be identical. Or, in hereby confirmed that the change(s) was/were autho liability company or as otherwise provided in the art himsted liability company.	er the laws of the State of Florida, it is hereby confirmed la street address of the registered office and the business in the case of a Florida limited liability company, it is rized by an affirmative vote of the members of the limited licles of organization or the operating agreement of the
(Signature of a member or authorized representative of a member)	
Victor J. Drobnic, Sole Member (Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my post. Or if this document is being filed to merely reficient that the limited liability company has been refirm that the limited liability company has been refirm.	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I osition as registered agent as provided for in Chapter 608, lect a change in the registered office address, I hereby notified in writing of this change.
(Signature of Registered Agent)	

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