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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section	<b>.</b>	
Division of Corporations		
The second secon		
SUBJECT: Naples Investment S	trategies, LLC	processing the second
1/2	me of Limited Liability Company)	_ 4
Dear Sir or Madam:		
Th. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.	,
Please return all correspondence concerr	ning this matter to the following:	•
Michael Kraus		
(Name of Person)		
		₹0 <b>8</b>
Michael L. Kraus, P.A,		
(Firm/Company)		題で
		SSE YAR
400 Fifth Avenue South, Suite 200		OB JUN -9 AM 10: 41 SECRETARY OF STATE TALLAHASSEE FLORID
(Address)		GS G
(1021300)		
Nantos El 34102		~
Naples, FL 34102 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this n	natter, please call:	
·		
Michael Kraus	at ( 239 ) 262-1979	
(Name of Person)	(Area Code & Daytime Telephone Number)	-
, , , , , , , , , , , , , , , , , , ,	,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follo	wing amount:	
✓ \$25 Filing Fee	1 \$55 Filing Fee & Certified Conv	

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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. N	ame of the limited liability company: Naples Inv	restment Strategies, LLC	. •
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Suite 302	
(b	) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Naples, FL 34102  400 Fifth Avenue South Suite 200 Naples, FL 34102	
09/25	5/2007	L07000097489	
3. D	ate of filing/registration in Florida	4. Document number	•
5. (8	a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State;	08 JUN -9
	Registered Agent:	John Pezzino	. E
	Registered Office Address:	801 12th Avenue South Suite 302	
	•	Naples, FL 34102	3 三
(b	n) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address:  Michael Kraus	A G. STATE
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	400 Fifth Avenue South Suite 200 Naples E.FL 34102	
offic herel liabil limit	e limited liability company is not organized under the after the change or changes are made, the Florida stress of the registered agent will be identical. Or, in the by confirmed that the change(s) was/were authorized lity company or as otherwise provided in the articles ed liability company.	te laws of the State of Florida, it is hereby confired address of the registered office and the busing case of a Florida limited liability company, it is a law an affirmative vote of the members of the limited liability company.	tess mited
(Print	ent Byrd ad or typed name of signee)	<del></del>	
	reby accept the appointment as registered agent and ply with the provisions of all statutes relative to the lamiliar with and accept the obligations of my position, if this document is being filed to merely reflect irm that the limited liability company has been notificated.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, on as registered agent as provided for in Chapte a change in the registered office address, I here led in writing of this change.	and 1 r 608, by
(Sign	eture of Registered Agent)		