## 607000110744

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**EXAMINER** 

## Beverly J. Ruck

14321 River Road Fort Myers FL, 33905 phone: 239-693-1142 fax: 239-693-5403

August 6, 2008

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

Re: Letter # 308A00005400

Dear Divisions of Corporation,

If you could please try to run this back thru, I think it will work now. I had to file for a fictitious name for the "Philip D. Ruck revocable Trust dated 10/31/2007".

Thank You

Beverly J. Ruck

## 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. The name of the limited liability company is: Cha	assowitzka Holdings LLC .
2. The mailing address of the limited liability compa	iny is : 14321 River Road
October 31, 2007	L07000110744
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	d office address as shown on the records of the
Philip D. Ruck	
Na 14321 River Road	me
Add	
Fort Myers, Florida 3390	
City, State	e and Zip
6. The name and address of the new registered agent	and/or office:
Philip D. Ruck Revocab	le Trust dated 10/31/07 60 535/9000
Name	O. Box NOT acceptable)
14321 River Road	
Florida street address (P.O	D. Box NOT acceptable)
Fort Myers, FL	, 33905
City, State	and Zip
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote
(Signature of a member or authorized representative of a member)	
Philip D. Ruck	
(Printed or typed name of signee)	- Annual Control of the Control of t
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of in Chapter 608, F.S. Or if this document is being filed address, I hereby confirm that the limited liability confirms the liabilit	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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