## L08000000069

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

J. BRYAN

APR 2,0 2009

EXAMINER

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	V H.K	. H .	FTER

•	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Chew Holding Compar	nv II.C	
	e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Jeffrey C. Smith (Name of Person)		7A ST 09
(Name of Felson)		9 APR 17 PH 3: 24 SECRETARY OF STATI
Chew Holding Company, LLC	ŧ	器門下
(Firm/Company)	······································	SER TO
		明二
6783 Old Banyan Way		LOFA 2
(Address)		
Naples, Florida 34109	•	
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Jeffrey C. Smith	at (239) _963-8699	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
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	ing amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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. Na	me of the limited liability company: Chew Hold	ing Company, LLC	<del>,</del>
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 6783 Old Banyan Way Naples, Florida 34109	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6783 Old Banyan Way Naples, Florida 34109	
	nber 31, 2007 te of filing/registration in Florida	<b>L0800000069</b> 4. Document number	7 9 -
	Registered Agent and Registered Office shown or		ECREASES.
5. (a)			SS SS T
	Registered Agent:	Jeffrey C. Smith	SSE PH
	Registered Office Address:	1330 Corso Palermo Court, #2 Naples, Florida 34109	STATE STATE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u>	EW Registered Office address	:
	NEW Registered Agent:		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6783 Old Banyan Way Naples	,FL 34109
that af office hereby liabili limited	limited liability company is not organized under the fter the change or changes are made, the Florida stre of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles diability company.	eet address of the registered officase of a Florida limited liability by an affirmative vote of the m	ce and the business by company, it is dembers of the limited
	/ C. Smith for typed name of signee)		
	eby accept the appointment as registered agent and y with the provisions of all statutes relative to the p miliar with and accept the obligations of my position, if this document is being filed to merely reflect a m that the limited liability company has been notificated from the company has been not the company has b	agree to act in this capacity. I roper and complete performand n as registered agent as provide a change in the registered office ed in writing of this change.	further agree to ce of my duties, and I ed for in Chapter 608, address, I hereby
(~.B.m.			

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