LD8000033473

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Z	p/Phone #)	
PICK-UP W	/AIT MAIL	
(Business Er	ntity Name)	
(Document Number)		
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Officer:		
(AUG 15 2012 L. SELLERS		

Office Use Only



400238371294

08/13/12--01016--010 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TUPPER DEVELOPMENT LLC Name 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 concerning this matter to the following:
DONALD TUPPER Name of Person
TUPPER DEVELOPMENT LLC Firm/Company
4917 TRITON COURT WEST Address
CAPE CORAL FL. 33904 City/State and Zip Code
dontupper @ yakoo.com dontupper @ yakoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DON TUPPER at (239) 471-7677
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
№ \$25 Filing Fee
154

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.

igent, or both, in the state of Piortua.	
1. Name of the limited liability company: TUPPER	DEVELOPMENT LLC
2. (a) Principal office address of limited liability company	y: 4917 TRITON COURT W
(Note: MUST BE STREET ADDRESS)	CAPE CORAL FL 33904
(b) Mailing address of limited liability company:	4917 TRITON CT. WEST
(Note: MAY BE POST OFFICE BOX)	CAPE CORAL FL 33904
8-10-12 3. Date of filing/registration in Florida	L 08 0000 33 473 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLASSEE, FL. 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: DONALD TUPPER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	CAPE CORAL FL 33904
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant of I am familiar with and accept the obligations of my prochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	laws of the State of Florida, it is hereby Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Signature of Registered Agent	

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