## L08 CCC35376

<i>,</i>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
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S. HAWKES

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
6021001	INTELLEDE HANGE IIC	
SUBJECT: CONDOHOTELEXCHANGE, LLC		
	(Name of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence c	oncerning this matter to the following:	
Robert M. Penr (Name of Perso	iock	
(Name of Person)		
(Firm/Company	0	
(Finite Company	,	
665 Bay Espla	nade #3	
(Address)		
Clearwater, F.	33767	
(City/State and Zip	Code)	
For further information concerning	g this matter, please call:	
Robert M. Pennoc	k at (727) 441-1475	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for th	e following amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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. Name of the limited liability company:	UDOHOTEL EXCHANGE, LLC	
2. (a) Principal office address of limited liability co	Ompany: 665 Bay Esplanagle 13 Clear water, FA, 33967	
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	: 1065 Bay Esplanade #3.75 Clearweter, FL 333767	
4/8/2008	L08000035376 6	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:	
Registered Agent:	Peter A. Rivellini	
Registered Office Address:	911 Chestnut Street Clearwater, FL 33756	
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW Registered Agent</u> :	or <u>NEW Registered Office address</u> :  Robert M. Pennock	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	S) 665 Bay Esplanade #3 Clearwater FL 33767	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization 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)	<del></del>	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to am familiar with and accept the obligations of my persons. Or, if this document is being filed to merely rej confirm that the limited liability company has been	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, flect a change in the registered office address, I hereby notified in writing of this change.	

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

(Signature of Registered Agent)