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(Requestor's Name) (Address)					
(Address)		1	001	15738	3379
(City/State/Zip/Phone #)		,	06/22/	′0301062-	022 * *
(Business Entity Name)		y 		*** *	~
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D. BRUCE

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EXAMINER

COVER LETTER

	Legistration Section Division of Corporations							
SUBJEC		Gaudrea						
	Name	of Limited	Liabilit	ty Compa	iny			
Dear Sir	or Madam:							
The encl	osed Registered Agent/Registere	ed Office C	hange a	and fee(s)	are submitted fo	r filing.		
Please re	turn all correspondence concern	ing this ma	itter to t	he follow	/ing:			
	Steve Gaudreau			_				
	Name of Person			_				
	Steve Gaudreau & Associat	tes, LLC		-				
	Firm/Company							
	13650 Fiddlesticks Blvd, Ste.	202-379		_		NE SE	90	
	rtduress					CRE	09 JUN 22 PM 12: 20	****
	Fort Myers, FL 3391	2				TAR ASS	22	-
-	City/State and Zip Code			_		μχ	מר	j -
						OF S	⊐ř	ļ 1
	jacquelyn.bridge@hotma	il.com		_		25 A	\ \;	
E-ma	il address: (to be used for future annual rep	ort notification	n)			DA DA	Ö	
For furth	er information concerning this r	natter, plea	se call:					
	Jacquelyn Bridge	at (239	_)	768-9197			
	Name of Person		Α	rea Code &	Daytime Telephone N	lumber		
s	TREET/COURIER ADDRESS:		MAI	LING AD	DDRESS:			
	egistration Section			stration Se				
	Division of Corporations				rporations			
	Clifton Building 661 Executive Center Circle			Box 6327				
	fallahassee, Florida 32301		1 2112	inassee, Fi	lorida 32314			
	Cnclosed is a check for the follo	owing amo	unt:					
Γ	\$25 Filing Fee		\$55	Filing F	ee & Certified Co	ору		

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.

Name of the limited liability company:	Steve Gaudreau & Associates, LLC
2. (a) Principal office address of limited liability	company:
(Note: MUST BE STREET ADDRESS)	13650 Fiddlesticks Blvd, Ste. 202-379 Fort Myers, FL 33912
(b) Mailing address of limited liability compan	y:
(Note: MAY BE POST OFFICE BOX)	
May 9, 2008	L08000044502
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:
Registered Agent:	Steve Gaudreau
Registered Office Address:	7484 Granville Drive Tamarac, FL 33321
(b) Enter name of NEW Registered Agent and	***************************************
NEW Registered Agent:	TORIES 2
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRE)	SS) 13650 Fiddlesticks Blvd, Ste. 202-379 Fort Myers ,FL 33912
and the business office of the registered agent will liability company, it is hereby confirmed that the c	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Jacquelyn C. Bridge Printed or typed name of signee	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being fill address, I hereby confirm that the limited liability Signature of Registered Agent	nt and agree to act in this capacity. I further agree to to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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