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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations			
	Open House Tours, LLC. Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
John Markaliunas			
John Norkeliunas Name of Person			
Open House Tours, LLC.			
Firm/Company			
1570 Shadowlawn Drive			
Address			
Naples, FL 34104			
City/State and Zip Code			
iohn@ahtraalty.com			
john@ohtrealty.com E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter	er, please call:		
John Norkeliunas	at (239) 207 - 2206		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the followin	g 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.

Name of the limited liability company:	Open House Tours LLC		
2. (a) Principal office address of limited liability compan	y: Open House Tours, LLC.		
(Note: MUST BE STREET ADDRESS)	1570 Shadowlawn Drive Naples, FL 34104		
(b) Mailing address of limited liability company:	John Norkeliunas		
(Note: MAY BE POST OFFICE BOX)	7663 Martino Circle Naples, FL 34112 平 五		
10/14/09	L0800004788		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.		
Registered Agent:	United States Corporation Agents, Inc.		
Registered Office Address:	320 S. Flamingo Rd Suite 347		
	Pembroke Pines, FL 34112		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	John Norkeliunas 1570 Shadowlawn Drive		
	Naples ,FL34014		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land 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.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization		
John Norkeliunas Printed or typed name of signee			
I hereby accept the appointment as registered agent and compty with the provisions of all statutes relative to the property and lam familiar with and accept the obligations of my processes the confirmation of the provision of t	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.		
Fignature of Registered Agent			
/ Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00