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2013 MAY 17 AM II: 13 SECRETARY OF STATE

B. BOSTICK

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EXAMINER

COVER LETTER

TO: **Registration Section** Division of Corporations

Fishermen Realty, 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:

Rebecca A. Schernikau

Name of Person

Fishermen Realty, LLC

Firm/Company

538 Kassel Place

The Villages, FL 32162

City/State and Zip Code

becky@fishermenrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Schernikau

Name of Person

Area Code & Daytime Telephone Number

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 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. 1	Van	ne of the limited liability company: Fishermen Realtly, LLC		_
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	538 Kassel Place The Villages, FL 32162	 -
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	538 Kassel The Villages, FL 32162	- -
5/13/			L08000048019	-
3. I	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
		Registered Agent:	Rebecca A. Schemikau Z	
		Registered Office Address:	7625 Debeaublen Dr. ARR TOTAL	_
				-
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	0.7	
		NEW Registered Agent:	N/A 22 -	_
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	538 Kassel Place	<u> </u>
		The state of the s	The Villages ,FL 32162	_
con and liab the the	firr the oilit me ope	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	of
Prir	ited	A. Schernikau or typed name of signee	_	
I h con and Che add	ere nply i I d apte lyes	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.)
d	1/2	Will Stered Agent Achun kun		

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