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DESCRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

SEP 16 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	EIGHTER LLC ed Liability Company)	
Dear Sir or Madam: The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	
Barbara Bradshaw, Administrator		
(Name of Person)	08 SEP	ett) en
ENDLESS FIGHTER LLC (Firm/Company)	- S PH	TED S
1229 S.W. 8th Place (Address)	5 PH 3: 54	TATE
Cape Coral, FL 33991	<u> </u>	
(City/State and Zip Code) For further information concerning this matter, please	e call:	
	39) 989-8971	
(Name of Person) (A	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 amoun	nt:	
☐ \$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: ENDLESS F	IGHTER LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 13533 Siesta Pines Fort Myers, FL 33908
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1229 S.W. 8th Place Cape Coral, FI 33991
July 29, 2008 3. Date of filing/registration in Florida	L08000072921 4. Document number the records of the Florida Dent, of State:
5. (a) Registered Agent and Registered Office shown on a	the records of the Florida Dept. of State:
Registered Agent:	Adam Sewall
Registered Office Address:	16055 Waterleaf Lane Fort Myers, FL 33908
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	W Registered Office address: Phillip E. Dyer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13533 Siesta Pines Court Fort Myers ,FL 33908
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited hability company. (Signature of a member or authorized expresentative of a member)	t address of the registered office and the business
Philip E. Dyer (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby In writing of this change.

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

(Signature of Registered Agent)