## L08000105250

(Requestor's Name)		
(Address)		
(Address)		
(	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



400196692544

03/07/11--01014--015 \*\*25.00

11 MAR - 7 PM 3: 55
SECRETARY OF STATE

J. BRYAN

MAR - 8 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Exceptional Propert	ries Group, LLC ited Liability Company	···	. •
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted f	or filing.	
Please return all correspondence concerning this	matter to the following:		
Fred Beyer Name of Person			
Firm/Company	<del></del>	11 K SECF	range ng
411 Mayfair Drive		AR -7 PH 3: 55 RETARY OF STATE AHASSEE, FLORID	FILED
Venice, Florida 34293 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	3: 55 STATE FLORIDA	0
F Beyer @ Prodigy. Net E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, p	please call:		
Fred Beyer at Name of Person	(941) 497-4057 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 a	mount:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору	

## 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.

agent, or voin, in the state of Pioriaa.	
1. Name of the limited liability company: Exception	onal Properties Group, LLC
2. (a) Principal office address of limited liability compar	ny: <u>866 Tamiani Trail Unit</u>
(Note: MUST BE STREET ADDRESS)	Port Charlotte, Fl. 33953
(b) Mailing address of limited liability company:	866 Tamiani Trail Unit S
(Note: MAY BE POST OFFICE BOX)	Port Charlotte, Fl.
11-10-08	L08000105250
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept of States
Registered Agent:	Erin Catron 275
Registered Office Address:	North Port, Floriday, 3 34287
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NI</b>	EW Registered Office address:
NEW Registered Agent:	Fred Beyer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	411 Mayfair Drive
	venice ,FL 34293
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability 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.  Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote perwise provided in the articles of organization
Erin Catron Printed or typed name of signee	· 
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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