

L09000003776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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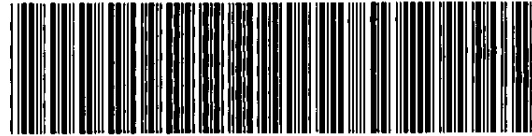
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL -8 PM 2:59

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2011

PATRICIA J. POTTER ESQ  
3435 10TH STREET NORTH  
SUITE 303  
NAPLES, FL 34103

SUBJECT: IT'S IN THE BOX, LLC  
Ref. Number: L09000003776

We have received your document for IT'S IN THE BOX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 211A00014969

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IT'S IN THE BOX, 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:

Patricia J. Potter, Esq.  
Name of Person

Slesky, Pilon & Potter  
Firm/Company

3435 Tenth Street North, Suite 303  
Address

Naples, FL 34103  
City/State and Zip Code

buyjim@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia J. Potter at ( 239 ) 263-8282 ext 304  
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

**FILED**  
**2011 JUL -8 PM 2:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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: IT'S IN THE BOX, LLC

2. (a) Principal office address of limited liability company: 555 Eighth Street North

(Note: MUST BE STREET ADDRESS)

Naples, FL 34102

(b) Mailing address of limited liability company:

555 Eighth Street North

(Note: MAY BE POST OFFICE BOX)

Naples, FL 34102

1/12/2009

3. Date of filing/registration in Florida

L09000003776

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Patricia J. Potter, Esq.

Registered Office Address:

Siesky, Pilon & Potter  
1000 Tamiami Trail North, Suite 201  
Naples, FL 34102

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Patricia J. Potter, Esq.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

Siesky, Pilon & Potter  
3435 Tenth Street North, Suite 303  
Naples, FL 34103

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James M. Barker  
Signature of a member or authorized representative of a member

James M. Barker

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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