

L09000035765

(Requestor's Name)

HAROLD S. ESKIN, P.A.  
1420 SE 47th STREET  
CAPE CORAL, FLORIDA 33904

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

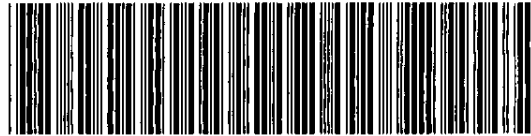
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

FEB 15 2011

EXAMINER

**HAROLD S. ESKIN, P.A.**  
**ATTORNEYS AND COUNSELORS AT LAW**  
**CERTIFIED CIVIL AND FAMILY LAW MEDIATOR**  
[www.legalsurrogacy.com](http://www.legalsurrogacy.com) [haleskin@legalsurrogacy.com](mailto:haleskin@legalsurrogacy.com)

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Cape Coral, FL 33904

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239-549-4834 Fax

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February 10, 2011

State of Florida  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314


Re: Eastpoint Stimuli, LLC

Dear Sir or Madam:

Enclosed please find State of Change of Registered Agent for Limited Liability Company along with filing fee in the amount of \$25.00. A stamped return envelope is enclosed for your convenience.

Thank you.

Very truly yours,

  
Harold S. Eskin, P.A.

Enc.

**FILED**  
**11 FEB 14 PM 3:36**  
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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: EASTPOINT STIMULI, LLC

2. (a) Principal office address of limited liability company: 1625 SE 46TH ST., STE. 5B,

(Note: MUST BE STREET ADDRESS)

CAPE CORAL, FL 33904

(b) Mailing address of limited liability company:

SAME

(Note: MAY BE POST OFFICE BOX)

APRIL 14, 2009

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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. of State:

Registered Agent:

BOLANOS TRUXTON, P.A.

Registered Office Address:

12800 UNIVERSITY DR., STE. 350  
FT. MYERS, FL 33907

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

NEW Registered Agent:

STEVEN H. PALETSKY

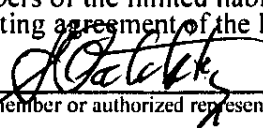
NEW Registered Office Address:

12486 RIVERSIDE DRIVE

(MUST BE FLORIDA STREET ADDRESS)

CAPE CORAL, FL 33919

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.

  
Signature of a member or authorized representative of a member

STEVEN H. PALETSKY

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 of Registered Agent

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