L09000042441

lequestor's Name)		
ddress)		
ddress)		
city/State/Zip/Phono	e #)	
WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certificates	s of Status	
	ddress) ddress) city/State/Zip/Phon WAIT susiness Entity Nai	

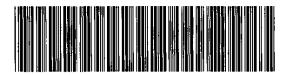
Special Instructions to Filing Officer:

L. SELLERS

AUG 1 9 2010

EXAMINER

Office Use Only



900184070329

08/18/10--01026--020 **275.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: FTLC, LLC Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
David K. Fowler Name of Person	
Name of Ferson	
Henderson, Franklin, Starnes	& Holt. P.A.
Firm/Company	The state of the s
1648 Periwinkle Way, Suite B	
Address	
Sanibel, FL 33957	
City/State and Zip Code	
1	
david.fowler@henlaw.com E-mail address: (to be used for future annual report not	tification)
For further information concerning this matter	r, please call:
11.11.11	at (_239)344-1353
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
X \$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:FTLC, LL	С
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	75 NE 6th Ave., Suite 101 Delray Reach, FL 33483
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above
5/1/09	L09000042441
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:	Michael A. Bedke
Registered Office Address:	c/ô DLA Piper LLP 301 0 100 N. Tampa St. Suite 2200 Tampa, Fl 33602
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	David K. Fowler
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Henderson, Franklin, Starnes & Holt, P.A 1648 Periwinkle Way, Suite B Sanibel ,FL33957
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s 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 Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filled to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the article corganization y.