## L09000054672

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF SOCIATION

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Lee Kolection Agency, 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:		
Phan, Loc C Name of Person		
Firm/Company		
700 Muscogee Dr		
N, Ft. Myers, FL 33903 City/State and Zip Code		
Seaplus 911 @ Concast. Net E-mail aldress: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Loc C Phan at (239) 440 4512  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 \$\times  \text{S55 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. liability company submits the following statement in orangent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company: Lee	Rolection Agency, LL
2. (a) Principal office address of limited liability compar	y: 700 Muscogee Dr
(Note: MUST BE STREET ADDRESS)	N.F.+ Myers FL 33903
(b) Mailing address of limited liability company:	- $n/A$
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	L 090000 672  4. Document number L0900054672
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Loc C. Phan
Registered Office Address:	700 Muscoge DE
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Kathleen J. Than
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	North Fort Myers, FL 33903
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change (so of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote provided in the articles of organization
Signature of a member or authorized representative of a member	<u> </u>
Loc C. Phan	
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 prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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