#L09000096122

| (Re | questor's Name) | |
|---|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| <u>.</u> | | 2 |
| | | (3) |

Office Use Only



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K. SALY EXAMINER OCT 4 2011

COVER LETTER

| TO: Registration Section | | |
|---|---|--|
| Division of Corporations | | |
| | | |
| SUBJECT: The Eas | y Lazy Way LLC | |
| Name of Limite | d 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 r | natter to the following: | |
| | name to the following. | |
| | | |
| | | |
| Joseph J Kusa Name of Person | | |
| Name of Leison | | |
| | | |
| The Easy lazy Way LLC | | |
| Firm/Company | | |
| | | |
| 28313 Moray Drive | | |
| Address | | |
| | | |
| Bonita Springs FL 34135 | | |
| City/State and Zip Code | | |
| | | |
| thekusafamily@verizon.net | | |
| thekusafamily@verizon.net E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, pla | ance call: | |
| To runder information concerning this matter, pie | ase can. | |
| | | |
| | 617) 504-3464 | |
| 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 | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| 1 1011111 02001 | | |
| Enclosed is a check for the following amount: | | |
| \$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: | The Easy Lazy Way LLC | |
| 2. (a) Principal office address of limited liability compar | ny: 28313 Moray Drive | |
| (Note: MUST BE STREET ADDRESS) | Bonita Springs Florida 34135 | |
| (b) Mailing address of limited liability company: | 28313 Moray Drive | |
| (Note: MAY BE POST OFFICE BOX) | Bonita Springs Florida 34135 | |
| 10/05/2009 | L09000096122 | |
| 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: | BizFilings | |
| Registered Office Address: | 8040 Excelsior Drive, Suite 200 Madison WI 53717 | |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Joseph J Kusa 28313 Moray Drive Bonita Springs | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability 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 ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization | |
| Joseph J Kusa | | |
| 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 part and I am familiar with and accept the obligations of my part Chapter 608, F,S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparation. | agree to act in this capacity. I further agree to roper 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. | |
| Signature of Registered Agent | | |

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