L09000104486

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FEB 16 2016 N. CAUSSEAUX

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: EAM Real Estate Holdings of First Myers 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:
Angela Burun Name of Person
Firm/Company
4375 Enterprise Ave. Address
Maples, FC 34104 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6327 P.O. Box 6327 Callahassee, Florida 32301
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
INHS18 (2/14) Already pard



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2016

ANGELA BURUN EAM REAL ESTATE HOLDINGS OF FT.MYERS LLC 1965 DANA DRIVE FT. MYERS, FL 33907

SUBJECT: EAM REAL ESTATE HOLDINGS OF FORT MYERS, LLC

Ref. Number: L09000104486

We have received your document for EAM REAL ESTATE HOLDINGS OF FORT MYERS, 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.

You completed the corporation Statement of Change.

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 416A00001927

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: EAM Real Estate Holdings of Furt Myers, U
2. ((a)	Principal office address of limited liability company: 33907 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX)
3. 5.	(a)	Date of filing/registration in Florida Lee Gaviepy Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5083 Stvand Ct. unit #3 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
((b)	Maples ,FL 34110 Angla Burun Anglas Marble's Tile of Fffyer Enter name of NEW Registered Agent and/or NEW Registered Office address: 1965 Dana Dv. NEW Registered Office Address:
		Fort Hyers, FL 33907
the age was	cha nt w /we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
		ure of a member or authorized epresentative of a member Printed or typed name of signee
I he pro the to note	erel visi obli nere ified	py accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered address, I hereby confirm that the limited liability company has been in writing of this change.

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