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EXAMINER



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04/15/10--01014--026 **55.00

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT:	Champlain Fort Myers, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/F	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Donna Pe	
Name of Person	on
Firm/Compan	у
12720 Equeserian Cir Address	rcle UNIT 2707
•	
Nyers FL 33907 Fort Myers Fl City/State and Zip	33907 Fort Myers_FL ?
dmpeterson09@ E-mail address: (to be used for future	eanual report notification)
For further information concerni	ng this matter, please call:
Gene Richards III	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADI	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circ	cle Tallahassee, Florida 32314
Tallahassee, Florida 32301	•
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.

Name of the limited liability company:	Champlain Fort Myers, LLC	
2. (a) Principal office address of limited liability comp	pany: <u>c/o Eugene Ric</u>	hards
(Note: MUST BE STREET ADDRESS)	168 Summit Street Burlington ,Vermont 05401	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	168 Summit Street Burlington, Vermont 05401	
1-27-2010	L10000009759	
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. o	f State:
Registered Agent:	Marc Joseph	
Registered Office Address:	3941 Broadway	VISE VISE
Registered Office Address.	Fort Myers FL 33901	1
		- 5 P
(b) Enter name of NEW Registered Agent and/or l	NEW Registered Office address:	
NEW Registered Agent:	Donna Peterson	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12720 Equeserian Circle_UN	IT 2707 327
(MUSI BE FLURIDA SIREEI ADDRESS)	Fort Myers ,F	L33907
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company. Signarure of a member or authorized representative of a member	the laws of the State of Florida, it is he Florida street address of the registed dentical. Or, in the case of a Florida Ige(s) was/were authorized by an affirm otherwise provided in the articles of or pany.	nereby cred office limited mative vote rganization
Evyene Richards, III. Printed or typed name of signce		
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I fur e proper and complete performance of y position as registered agent as prov o merely reflect a change in the regist pany has been notified in writing of th	ther agree to f my duties, ided for in ered office his change.
Journa Ellison		

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