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SECRETARY OF STATE
FALLAHASSEE. FLORID

J. BRYAN
JUN 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		,			;	
	The M	laidanmil	lor Low F	Tirm D		
SUBJECT:			ler Law F		<u>. L. </u>	
	Name of	i Limitea L	iability Cor	npany		
Dear Sir or Madam:						
The enclosed Registered	l Agant/Dagistared	l Office Ch	ange and fo	o(a) ora (whenittad	for filing
The enclosed Registered	Agent/Registered	Office Ch	ange and le	c(s) are s	submitted	ioi iiiiig.
Please return all corresp	ondence concernir	ng this matt	er to the fol	llowing:		
Case	K. Weidenmiller	•	~ -		-	
Ŋ	ame of Person					
The Marie		D.				TAI TAI
	nmiller Law Firm rm/Company	, P.L.	"			CR
						ASS .
5150 Tomion	ni Trail North, Sui	ita 602			:	SER
- STOU FAITHAIL	Address	H C 003				Y OF STAT
Na	Nec FI 34103					8 m
City/s	oles, FL 34103 tate and Zip Code					
E-mail address: (lo be uso	yeidenmillerlaw.c	com				
For further information	concerning this ma	atter, please	call:	•		
•					. :	
Valerie	Ford	at (;	239)		. 776-072	2
Name of Pe			Area Coo	de & Daytii	me Telephon	e Number
STREET/COUR	IER ADDRESS:		MAILING	ADDRI	ESS:	
Registration Secti	on		Registratio	n Section		
Division of Corpo	rations		Division of		tions	
Clifton Building		•	P.O. Box 6		,	
2661 Executive C			Tallahassee	e, Florida	32314	
Tallahassee, Flori	JR 323UI					
Enclosed is a ch	eck for the follow	ving amoui	nt:			
\$25 Filing Fe	e	Γ	☐\$55 Filin	ıg Fee &	Certified	Сору
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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.

agent, or both, in the state of Fibrial.	
Name of the limited liability company:	The Weidenmiller Law Firm, P.L.
2. (a) Principal office address of limited liability co	mpany: The Weidenmiller Law Firm, P.L.
(Note: MUST BE STREET ADDRESS)	5150 Tamiami Trail North, Suite 603 Naples, FL 34103
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	5150 Tamiami Trail North, Suite 603 Naples, FL 34103
02/24/10 -3: Date of filing/registration in Florida	L10000021071 4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Casey K. Weidenmiller 🗝 వ
Registered Office Address:	1415 Panther Lane Suite 159 Naples, FL 34109
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> :	Casey K. Weidenmiller
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	
	Naples ,FL34103
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the characteristic of the members of the limited liability company or a or the operating agreement of the thritted liability co	the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote
Casey K. Weidenmiller	
Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this decement is being filed address, I hereby confirm that the limited liability considered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.

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