## L10000024024

(Requestor's Name)				
(Address)				
(Address)				
(City)	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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C. LEWIS

NOV 1 5 2011

EXAMINER

Law Offices Of

## Davis, Giardino & Hrivnak, P.A.

# 201 Arkona Court • West PalmeBeach; • Florida 33401 West Palm Beach; 561.514.0305 • Broward: 954.463.7353 • Fax: 561.514.0309

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SCOTT MILLER s.miller@davis-giardino.com

November 9, 2011

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$50.00, made payable to Florida Department of State. This represents the filing fee for the two (2) Registered Agent/ Registered Office Change Forms enclosed herein. If you should have any questions, please do not hesitate to contact me.

Thanking you for your consideration, I remain

Very truly yours,

Richard A. Giardino

RAG/jkg Enclosure

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
	•			•
SUBJECT: Eastern Lee County Fiber, LLC				er, LLC
	Name o	f Limited	Liability Com	pany
Dear !	Sir or Madam:			
The en	nclosed Registered Agent/Registered	l Office (	Change and fee	(s) are submitted for filing.
Please	e return all correspondence concerni	ng this m	atter to the foll	owing:
	Jeff Green			
	Name of Person			
	Eastern Lee County Fiber, Firm/Company	LLC		
2401 First Street, Suite 300				
Address				
	Fort Myers, Florida 339	01		
City/State and Zip Code				
j.green@t3com.net  E-mail address: (to be used for future annual report notification)				
L	>man aggress. (to be used for future annual repo	nr 1904 mesm	ou)	
For fi	urther information concerning this m	atter, ple	ase call:	
	Jeff Green	at (	239 - )	333-3031
	Name of Person	*** \_		e & 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 32314
	Tallahassee, Florida 32301			
Enclosed is a check for the following amount:				
	\$25 Filing Fee		\$55 Filin	g 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:	Eastern Lee County Fiber, LLC			
2. (a) Principal office address of limited liability com	ipany:			
(Note: MUST BE STREET ADDRESS)	2401 First Street, Suite 300 Fort Myers, Florida 33901			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	2401 First Street, Suite 301 Fort Myers, Florida 33901			
March 3, 2010	L1000024024			
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:	Jeff Green Ex			
Registered Office Address:	2401 First Street, Suite 300 Fort Myers, Florida 33901			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Richard Giardino, Esq.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Davis, Giardino & Hrivnak, P.A.			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member or authorized representative of a member				
Jeff Green Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.			

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