## L10000036623

(Requestor	s Name)
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## COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of	Corporations	
SUBJECT:	Congaree, LL	.c
		mited Liability Company)
Dear Sir or Madam		
The enclosed Regis	tered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all cor	respondence concerning th	nis matter to the following:
	Dolores Strockbine	
	(Name of Person)	·
Thoma	as W. Hill & Co, LLC	
	(Firm/Company)	
131	.4 Lafayette Street	
	(Address)	
(	Cape Coral, FL 33904	
	City/State and Zip Code)	
For further informat	ion concerning this matter,	, please call:
Dolores St	crockbine	at ( 239 ) 549-2444
	ie of Person)	(Area Code & Daytime Telephone Number)
etherte.co	UDIED ADDRESS	MAN INC ADDRESS
Registration S	URIER ADDRESS:	MAILING ADDRESS: Registration Section
Division of Co	orporations	Division of Corporations
Clifton Buildi	ng ve Center Circle	P.O. Box 6327
Tallahassee, F		Tallahassee, Florida 32314
Enclosed is	a check for the following	amount:
\$25 Filing	Fee	\$55 Filing Fee & Certified Copy
•		

## SYATEMENT 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. The name of the limited liability compar	y is: Congaree, LLC	
2. The mailing address of the limited liability	ty company is: PO Box 810	
2. The manning address of the mining mass.	Fort Myers, FL 33902	
4/5/10	L10000036623	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the	
Jack	C Morgan III	
2267	Name First St, Suite 12	
Address		
Fort	Myers, FL 33901 ₽⊱ ਨ	
	City, State and Zip	
6. The name and address of the new registered agent and/or office:  Joseph Hill  Joseph Hill		
Jose	ph Hill  Name  Lafayette Street  dress (P.O. Box NOT acceptable)  SSET 2  SSET	
	Name To 5	
1314	Lafayette Street	
Florida street ad	dress (P.O. Box NOT acceptable)	
Cape Coral	FL 33904	
C	ity, State and Zip	
confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the		
Joseph Hill		
(Printed or typed name of signee)	<del></del>	
Joseph W. HM	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.	
(Signature of Registered Agent)		
•	s, P.O. Box 6327, Tallahassee, FL 32314 LING FEE: S25.00	