110000064089

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

Office Use Only



700182812807

07/12/10--01031--030 **25.00

T. CLINE

JUL 13 2010

EXAMINER

2951 JUL 12 PM 12: 22
SECRETARY OF STATE
SECRETARY OF STATE

The Law Office of
William G. Shofstall
Attorney and Counselor at Law

July 7, 2010

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Sumter Ventures, LLC

To Whom It May Concern:

Enclosed please find a completed Statement of Change of Registered Agent and Registered Agent's address along with a check in the amount of \$25.00 to cover the filing rec. I have also enclosed a copy of the Statement of Change for you to date-stamp and return to me in the enclosed self-addressed stamped envelope. Thank you.

William G. Shofstall

WGS/ns

cc: Sumter Ventures, LLC

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company: 2 LINTE	SE VENTURES LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
6/16/2010	<u>L10000064089</u>
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:	Steven M. Shapiro
Registered Office Address:	SER 2 I'M
_	- CO F0
	Agent 22
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Sidney M. lertnoy
NEW Registered Office Address:	801 Arthur God Frey Rd.
(MUST BE FLORIDA STREET ADDRESS)	Migni Geach FL 33140
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of amember or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
T / I / . *	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I amfidmiliar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company. Signiture of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.