

4000125995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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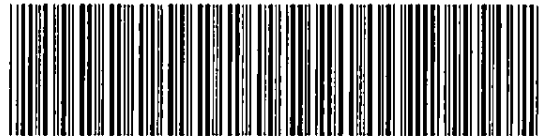
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avenida Pescadora Holdings LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter Woods

\_\_\_\_\_  
Name of Person

Avenida Pescadora LLC

\_\_\_\_\_  
Firm/Company

11644 SW Egret Circle Unit 1404

\_\_\_\_\_  
Address

Lake Suzy, Florida 34269

\_\_\_\_\_  
City/State and Zip Code

rusty@supracrete.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter Woods

\_\_\_\_\_  
Name of Person

at ( 513 )

532 4496

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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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 605.0114 or 605.0116, 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: Avenida Pescadora Holdings LLC

2. (a) 5535 Avenida Pescadora Ft Myers Beach, Florida 33931  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 2972 Linwood Ave. Cincinnati, Ohio 45208  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 12/08/2010 Date of filing/registration in Florida

4. 1.10000125995 Document number

5. (a) NRIA SERVICES, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road Plantation, Florida 33324

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1200 South Pine Island Road Plantation, FL 33324


(b) Walter R Woods 11644 SW Egrett Circle Unit 1404 Lake Suzy Florida 34269

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

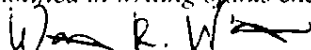
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Joseph P Horney

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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TALLAHASSEE, FL