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EXAMINER

MCARD MERRILL

Charles J. Bartlett

2033 Main Street Suite 600 Sarasota, FL 34237 941.953.8113 Fax: 941.366.6384 cbartlett@icardmerrill.com

icardmerrill.com

February 10, 2011

Secretary of State P.O. Box 6327 Tallahassee, FL 32314

RE: Hester Family Investments, LLC

Dear Sir or Madam:

Enclosed herewith please find a Statement of Change or Registered Office or Registered Agent along with a filing fee check. If you need anything further, please let me know.

Very truly yours,

ICARD, MERRILL, CULLIS, #HMM, FUREN & GINSBURG, P.A.

Sharon Firlotte
Certified Paralegal to
Charles J. Bartlett

Enclosure

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:	Hester Family Investments, LLC	
2. (a) Principal office address of limited liability c	ompany: 1708 Flower Drive	
(Note: MUST BE STREET ADDRESS)	Sarasota, FL 34239	
(b) Mailing address of limited liability company	y: 1708 Flower Drive	
(Note: MAY BE POST OFFICE BOX)	Sarasota, FL 34239	
January 7, 2011	L11000002960	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	Charles J. Bartlett, Esq.	
Registered Office Address:	2033 Main Street, Suite 605	
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: NEW Registered Office Address:	Gordon D. Hester ON STATE OF S	
MUST BE FLORIDA STREET ADDRES	Sarasota ,FL34239	
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		
Gordon D. Hester		
Printed or typed name of signee I hereby accept the appointment as registered ager 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 document is being file address. Thereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office company has been notified in writing of this change.	

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

Signature of Registered Agent