L11000020645

(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations					
	Pemberley Estates LLC					
SUBJECT:Name of Limited Liability Company						
Dear:	Sir or Madam:					
		Office Change	and	foo(s) are submitted for filing		
ine e	nclosed Registered Agent/Registered	Office Change a	aнu	rec(s) are submitted for filling.		
Please	e return all correspondence concerning	g this matter to t	the	following:		
Andre	ew Maggio					
<u></u>	Name of Person					
Pemb	erley Estates LLC					
	Firm/Company					
2725	Lawyers Point Drive					
	Address					
Cinc	innati, OH 45244					
	City/State and Zip Coo	de				
ama	ggio1981@gmail.com					
	E-mail address: (to be used for future	annual report no	otifi	ication)		
For fu	orther information concerning this ma	itter, please call:				
Andı	rew Maggio	917		251-6639		
	Name of Person	at ()Area Code & Daytime Telephone Number		
	M. 9t A. J.J.			Stuart Adduson.		
	Mailing Address: Registration Section			Street Address: Registration Section		
	Division of Corporations			Division of Corporations		
	P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	wing amount:				
	■ \$25 Filing Fee] \$:	55 Filing Fee & Certified Copy		

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.

l. N	Pemberley ame of the limited liability company:	Estates LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1038 Hunter Street East	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2725 Lawyers Point Drive		
	Lehigh Acres FL, 33974	Cincinnati, OH		
	2/17/2011	L11000020645		
3.	Date of filing/registration in Florida	4. Document number		
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records Andrew Maggio	of the Florida Dept. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 432 Pinehurst Ave				
	Lehigh Acres	33974 FL		
(b)	Enter name of NEW Registered Agent and/or NEW Register	FL		
	Andrew Maggio	me z m		
	NEW Registered Office Address: 1038 Hunter Street East	FLORIDA		
	Lehigh Acres	33974 FL		
change agent v was/w	e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after the he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in he limited liability company. Andrew Maggio		
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee		
provis the obt to mer	ions of all statilies relative to the proper and comple ligations of my position as registered agent as provid	ngree to act in this capacity. I further agree to comply with the le performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been		
Signati	re of Registered Agent			