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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	SCHREIBER BELL	EVIEW, LLC			
0.000		Name of Li	imited L	iability Company	
Dear S	ir or Madam:				
The er	closed Registered Agent/Regi	stered Office Cha	inge and	fee(s) are submitted for filing.	
Please	return all correspondence con-	cerning this matte	er to the	following:	
Antho	ny V. Cortese				
	Name of Per	rson			
Antho	ny V. Cortese Attorney At Law				
	Firm/Compa	iny			
5027	West Laurel Street, Suite 213				
	Address				
Tampa	a, FL 33607				
	City/State and Z	ip Code		<del></del>	
<u>_</u>	E-mail address: (to be used for	future annual rep	ort notif	fication)	
For fu	rther information concerning th	nis matter, please	call:		
	Anthony V. Cortese	at (	813	286-1557 )	
	Name of Person			Area Code & Daytime Telephone N	umber
	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 81 Tallahassee, FL 32303	0
	Enclosed is a check for the	following amou			
	\$25 Filing Fee		□ \$	55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

	une of the limited liability company:		IE W	, LLC		
(a)	SCHREIBER BELLEVIEW, LLC		(b)	SCHREIBE	ER BELLEY	VIEW, LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del> -	(0)			s of limited liability company:
	609 Epsilon Drive			609 Eps	ilon Drive	
	Pittsburgh, PA 15238	<del></del>	-	Pittsburg	h, PA 152	38
	03/23/2011		L	1100003530	6	
•	Date of filing/registration in Florida	4.	_	Б	ocument r	number
(a)	Anthony V. Cortese					
	Registered Agent and Registered Office shown on the records of	the Flor	ida D	ent. of State		
	Anthony V. Cortese			-pii oi outo.		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	(22)	<del></del>		
	1111 North Westshore Boulevard, Suite 213	WDK.	<del>-1</del> 1/			
	Tampa .FL	336	07	<del></del>		2020 HAR SECULED SALL SHE
ъ) _	Anthony V. Cortese, Esquire	<del></del>				HAR 3
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addre	<del></del>		m
	Anthony V. Cortese, Esquire					
Ī	NEW Registered Office Address:					± 32
	5027 West Laurel Street, Suite 213			<del></del> :		
	Tampa FI.	3360	7			
t wi	nited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members of the organization or the operating agreement of the left of a member or authorized representative of a member	registe bility of f the li	red ( comp mites	office and the same of the sam	he busines: ereby conf ompany or ny,	office of the registered
	e accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided preflect a change in the registered office address, I have been as change in the registered office address, I have been address.	ee to ac perform for in	t in . tanc Cha	this capacil e of my dut pter 605. F.	ty. I furthe ies, and I a S. Or if i	r agree to comply with the familiar with and according for the familiar with and according for the familiar