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EXAMINER

DOUGLAS P. RADUNZ, P.A.

ATTORNEY AT LAW
2410 CENTRE VILLAGE
431 SOUTH SEVENTH STREET
MINNEAPOLIS, MINNESOTA 55415

TELEPHONE: (612) 337-5353 FAX: (612) 337-5472 email: radunzlaw@gmail.com

June 23, 2011

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

RE: Property Care and Concie

Dear Sir or Madam:

Enclosed is a check for \$25.00 for the filing fee and the Statement of Change Registered Office or Registered Agent form for processing regarding the above-named LLC. As you can see, with this one form we are changing both the registered agent and the registered address. Thanks in advance for your help processing this. If you have questions or need further information concerning this matter, please call me at 612-337-5363.

Very truly yours,

Douglas P./Radunz

DPR:jko Enclosure c0422w.wpd

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.

Name of the limited liability company:	Property Care & Concierge, LLC
2. (a) Principal office address of limited liability cor	mpany: Property Care & Concierge, LLC
(Note: MUST BE STREET ADDRESS)	21691 Indian Bayou Ft. Myers Beach, FL 33931
(b) Mailing address of limited liability company:	Property Care & Concierge, LLC
(Note: MAY BE POST OFFICE BOX)	21691 Indian Bayou Ft. Myers Beach, FL 33931
May 2, 2011	L110000525 03
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Randy G. Mote
Registered Office Address:	4811 Palmetto Terrace
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	r <u>NEW Registered Office address</u> : <u>Stephanie Jones</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	21691 Indian Bayou Ft. Myers Beach ,FL 33931
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be iability company, it is hereby confirmed that the charge of the members of the limited liability company or as or the optiating agraement of the limited liability company or as or the optiating agraement of the limited liability company or as or the optiating agraement of the limited liability company. All for Member May Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the limit of the limited liability company in the limited liability company. Signature of Registeral Agent Stephanie Jones	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany. And agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in the merely reflect a change in the registered office in pany has been notified in writing of this change.
Division of Corporations, P.O. Bo	ox 6327, Tallahassee, FL 32314

FILING FEE: \$25.00