## 211000085409

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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A. LUNT		
AUG - 8 2011		
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EXAMINER		

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	Property LLC I 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 m	atter to the following:	
Marie B Code, Esq Name of Person	ARY OF STATE ASSEE, FLORIES	
Marie B. Code Esq. P.L. Firm/Company	AIC.	
1308 SW 27th Terrace Address		
Cape Coral FL 33914 City/State and Zip Code		
E-mail address: (to be used for future annual report notification		
For further information concerning this matter, ple	ase call:	
Marie B Code, Esq at (at (	239 ) 829-0063 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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:	Garigo Property LLC	
2. (a) Principal office address of limited liability company	: 8961 Conference Dr. Ste 2	
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919	
(b) Mailing address of limited liability company:	8961 Conference Dr. Ste 2	
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919	
07/25/2011	L11000085409	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of tate:		
Registered Agent:	Code, Marie B Esq SA 1	
Registered Office Address:	1202 SE 8th Place Ste B	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	1308 SW 27th Terrace	
MUSI BE FLURIDA STREET ADDRESS	Cape Coral ,FL 33914	
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.    Marie B Code, Esq   Printed or typed name of signee   Printed or ty		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the company of the	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	

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