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B. BOSTICK OCT 1 6 2012 EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUB		aloosa First Lane LLC	_
	Name of	f Limited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernin	ng this matter to the following:	
	Carmen Merz		
	Name of Person		
	Bookkeeping LLC		
	Firm/Company		
	530 NE 6th Ave	TALLY	edur with
	Address		- T
	Cape Coral, FL 33909	12 OCT 15 PH 12: 33 SELANASSEE, ELORID	
	City/State and Zip Code	1.00 E.C. 1.00 I.C. 1.00 I	
	cormonmor-@aal.com	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
E	carmenmerz@aol.com E-mail address: (to be used for future annual repor	t notification)	
For fi	urther information concerning this ma	atter, please call:	
	Carmen Merz	at (239) 980-1042	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section		
	Division of Corporations Division of Corporations		
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the follow	ing 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.

1. Name of the limited liability company:	Caloosa First Lane LLC			
2. (a) Principal office address of limited liability company	y: 15271 McGregor Blvd			
(Note: MUST BE STREET ADDRESS)	Suite #3 Fort Myers, FL 33908			
(b) Mailing address of limited liability company:	15271 McGregor Blvd			
(Note: MAY BE POST OFFICE BOX)	Suite #3 Fort Myers, FL 33908			
March 8th 2012	L12000033295			
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 State:				
Registered Agent:	Bart Scovill PLC			
Registered Office Address:	1605 Main Street Suite 912 Sarasota, FL 34236			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>				
NEW Registered Agent: NEW Registered Office Address:	530 NE 6th Ave			
(MUST BE FLORIDA STREET ADDRESS)	Cape Coral ,FL33909			
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				
Mechthild Schulz Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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