

L12001061152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

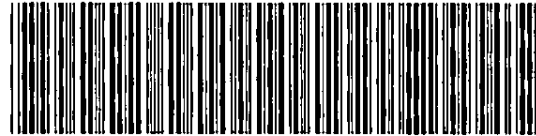
(Business Entity Name)

(Document Number)

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WILLIAMSBURG, VIRGINIA

NOV 13 2017

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NOV 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cambio Management Co, LLC
Name of Limited 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 matter to the following:

David Cambio

Name of Person

Cambio Management Co, LLC

Firm/Company

5041 Pine Island Rd.

Address

Bokeelia, FL 33922

City/State and Zip Code

dcambio@dajula.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Boyd

Name of Person

at (239) 747-3366

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

FILED
2011 NOV 13 10 28 15
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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.

1. Name of the limited liability company: Cambio Management Co, LLC

2. (a) _____ (b) 5041 PINE ISLAND ROAD NW

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

5041 PINE ISLAND ROAD NW

5041 PINE ISLAND ROAD NW

Bokeelia, FL 33922

Bokeelia, FL 33922

05/03/2012

L12000061152

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:

EDWARDS, BERK

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1531 HENRY STREET

FT. MYERS, FL 33901

(b) C. Berk Edwards

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Edwards Mediation & General Counsel Services, PLLC

NEW Registered Office Address:

2534-A Edison Avenue

Fort Myers, FL 33901

FILED
2015 NOV 13 PM 2:15
TALLAHASSEE, FL

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]
Signature of a member or authorized representative of a member

David Cambio

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Berk Edwards
Signature of Registered Agent