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TALLAHASSEE FLORIDA

D. BRUCE

JUL 31 2012

EXAMMER

COVER LETTER

TO: Registration Section

INHS18 (5/08)

Division of Corporations					
	PORT CHARLO				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office Change and f	ee(s) are submitted for filing	3 .		
Please return all correspondence concerni	ng this matter to the fo	ollowing:			
Scott M. Grant, Esq. Name of Person					
Law Office of Scott M. Gran Firm/Company	t, P.A.				
3400 Tamiami Trail North, Su Address	uite 201		ĮĄ.		
Naples, FL 34103-371 City/State and Zip Code	7		ECRETARY	12 JUL 30 PK	FILA
scarprepa@aol.com E-mail address: (to be used for future annual repo	ort notification)		Y OF ST	PH 2:4	508
For further information concerning this m	atter, please call:		AIDA AIDA	6	
Donato Pisani Name of Person	at (<u>239</u>)	596-0824 ode & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILIN Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations			
Enclosed is a check for the follow	wing amount:				
\$25 Filing Fee	\$55 Fili	ng Fee & Certified Copy			



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:	3036 Port Charlotte, LLC	_
2. (a) Principal office address of limited liability compar	ny: c/o Mr. Dean Prevolos	_
(Note: MUST BE STREET ADDRESS)	5010 Tamiami Trail North Naples, FL 34103	- -
(b) Mailing address of limited liability company:	c/o Mr. Dean Prevolos	-
(Note: MAY BE POST OFFICE BOX)	P.O. Box 8537 Naples, FL 34101	-
June 8, 2012	L12000076811	
3. Date of filing/registration in Florida	4. Document number	_
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Scott M. Grant, Esq.	-
Registered Office Address:	Law Office of Scott M. Grant, P.A. 3400 Tamiami Trail North, Suite 201, Naples, FL 34103-3717	- - -
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:	FILE
NEW Registered Agent:	Dean Prevolos	-
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5010 Tamiami Trail North	-
	Naples ,FL34103	-
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.	
Signature of a member of authorited representative of a member	_	
Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608 f.S. Or, if this document is being filed to in address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my 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