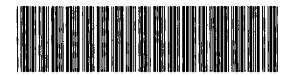
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COVER LETTER

TO: Registration Section

Division of Corporations

SURJECT: Unbundle It 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:

Jess W. Levins, Esquire

Name of Person

Levins & Associates LLC

Firm/Company

6843 Porto Fino Circle

Address

Fort Myers, Florida 33912

City/State and Zip Code

smiles@levinslegal.com

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

For further information concerning this matter, please call:

Jess W. Levins

_{ar} 239 \ 43*i*

Name of Person

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

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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. N	ame of the limited liability company: Unbundle It LLC			
2 (a) Principal office address of limited liability company	r: 4912 Baybridge Boulevard		
(Note: MUST BE STREET ADDRESS)		Estero, Florida 33928		
) Mailing address of limited liability company:	4912 Baybridge Boulevavrd		
(Note: MAY BE POST OFFICE BOX)		Estero, Florida 33928		
8/20/2	012	L12000106807		
3. D	ate of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dep	ot, of State:	
Registered Agent:		United States Corporation Agents, Inc.		
Registered Office Address:	Registered Office Address:	13302 Winding Oaks Court, Suite A		
		Tampa, Florida 33612		
			1378 No.	
Œ	o) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address		(fame)
(-				_1
	NEW Registered Agent:	Jess W. Levins, Esquire	72-15 T	44000
	NEW Registered Office Address:	6843 Porto Fino Circle	7 25 25 25 25 25 25 25 25 25 25 25 25 25	1
(MUST BE FLORIDA STREET ADDRESS)		Fort Myers	二尺 <u>D</u> 33912	117
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If the	e limited liability company is not organized under the lirmed that after the change or changes are made, the Fl	aws of the State of Florida, it	is hereb√	20
and t	the business office of the registered agent will be identi-	ical. Or, in the case of a Flori	ida limited	
liabi	lity company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwise.	was/were authorized by an a	ffirmative v	ote of
the o	perating agreement of the limited flamility company.	=	organization	. 0.
		7		
Signal	are of a member of authorized representative of a member			
	CALL A CALL	CAT/		
Printe	ed or typed name of signee	-010		
I he. comp and . Chap addr	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of my pooter 608, F.S. Or, if this document is being filed to meters, I hereby confirm that the limited liability company	gree to act in this capacity. I oper and complete performan sition as registered agent as rely reflect a change in the re y has been notified in writing	further agr ice of my du provided for egistered off of this chan	ee to ties, ; in ice ge.
Siuna	ture of Registered Agent			

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