## L12000124972

(Red	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ROLE	nergy Solutions LLC		
Name of Lir	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Brian Cleary	<u>.</u>		
Name of Person			
ROI Energy Solutions LLC			
Firm/Company			
13771 Tonbridge CT Address	· · · · · · · · · · · · · · · · · · ·		
Bonita Springs, FL 34135 City/State and Zip Code			
brian@bonitabeachpools.com E-mail address: (to be used for future annual report not	fication)		
For further information concerning this matter	, please call:		
Brian Cleary	at ( 239 ) 2923600		
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		



December 3, 2012

BRIAN CLEARY 13771 TONBRIDGE CT BONITA SPRINGS, FL 34135

SUBJECT: ROI ENERGY SOLUTIONS LLC

Ref. Number: L12000124972

We have received your document for ROI ENERGY SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 512A00028611

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## 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:	ROI Energy Solutions LLC	
2. (a) Principal office address of limited liability compar	ny: 2805 Racetrack Rd	
(Note: MUST BE STREET ADDRESS)	Bonita Springs FL 34135	
(b) Mailing address of limited liability company:	ATTN: Brian Cleary	
(Note: MAY BE POST OFFICE BOX)	13771 Tonbridge Bonita Springs FL 34135	
10/01/2012	L12000124972	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:	
Registered Agent:	Deb Reeves	
Registered Office Address:	corporation service company 25 25 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	Ti)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	ILED
NEW Registered Agent:	Brian Cleary	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13771 Tonbridge CT	
	Bonita Springs. ,FL34135	
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.  Signature of a member or approrized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote	
Brian Cleary 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 pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirmat the limited liability compositions of Resistered Agent	l 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.	٠

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

INHS18 (05/08)