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www.GAD-Law.com A full service firm serving South Florida Steven J Adamczyk Steven R. Braten Stanley A. Bunner, Jr. Brian O. Cross Richard D. DeBoest, Il John C. Goede Cary J. Goggin Jason R. Himschoot Harris B. Katz Randy Narkir

Christopher O'Connell Megan E. Richards S. Kyla Thomson Christopher J. Thornton Avi S. Tryson

October 23, 2014

## VIA CERTIFIED MAIL, RRR

Amendment Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re:

Goede, Adamczyk & DeBoest, PLLC

Document No: L12000129674

To Whom It May Concern:

Please find enclosed with this letter the executed Statement of Change of Registered Agent as pertaining to the above-mentioned entity.

I have additionally enclosed our Firm's check no. 10183 in the amount of \$35.00 payable to the Department of State and a self-addressed, postage pre-paid envelope for your convenience in returning a receipt confirming completion of this matter.

Should you have any questions, please do not hesitate to contact me or my paralegal, Laura Cari, at 239-687-3936.

Very truly,

Steven J. Adamczyk, Esq.

SIA/lc

Enclosures as stated

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

GOEDE, ADAMCZYK & DEBOEST, PLLC

L12000129674

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven J. Adamczyk, Esq.

Name of Contact Person

GOEDE, ADAMCZYK & DEBOEST, PLLC

Firm/Company

8950 Fontana Del Sol Way, Suite 100

Naples, Florida 34109

City/State and Zip Code

SAdamczyk@GAD-law.com

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

For further information concerning this matter, please call:

Steven J. Adamczyk, Esq.

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

**Amendment Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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.

Name of the limited liability com	pany: Goede	Adama	ZYK + Deboe	st, PLLC
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ral al		1	120001296	.7U·
3. Date of filing/registra	ntion in Florida	- 4. — <u>L</u>	Document number	) / 1
5. (a) Oddamczyk Registered Agent and Registered Off	Mark E	ES9. the Florida Dept. of S	 State:	
8950 Fontan	a Deisolwi	ay Steloc		
Registered Office Address (MUS	T BE FLORIDA STREET	iddress)		
ne olas	, FL	3U116		14 I Sec TALL
114/117	, FL	37101		OCT : AKETA
(b) Show C. C. Enter name of NEW Registered Ag	sciede; 559	Office address:	<u> </u>	4 OCT 27 PM 4: 27 BECKETARY OF STATE LLAHASSEE, FLORIC
Can Canada of NEW Resident Ag				5 FL 5 FL 1 HG
NEW Registered Office Address:	2 Del Solu	lay Stell	<u>00</u>	: 27 TATE ORIC
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Y laples	, FL	34/09	<del>_</del>	
If the limited liability company is not the change or changes are made, the I	organized under the lay	vs of the State of the registered of	Florida, it is hereby cor fice and the business of	ifirmed that after
agent will be id in the cas	e of a Florida limited lia	ability company,	it is hereby confirmed th	nat the change(s) rwise provided in
was/were aby the board, or the corpor	rating agreement of the	limited liability of	company. C. Goede	·
Signature of an officer or director	ve of a member		Printed or typed name o	fsignee
I hereby accept the appointment ox s r provisions of all stawles relative to it the obligations of my position as regi- to merely reflect a change in the regis notified in writing of this change.	egistered agent and agr he proper and complete stered agent as provide stered office address, I	ee to act in this c performance of n d for in Chapter ( hereby confirm th	apacity. I further agree ny duties, and I am fami 505, F.S. Or, if this doc nat the limited liability c	to comply with the liar with and accept ument is being filed ompany has been
		$\mathcal{N}$		
Division		Repostered Agent	L 32314	
•	If signing on behalf of	an entity:	5, 52517	
INHS18 (2/14)	Typed or P	rinted Name	<del>\\</del>	