## 112000133342

(Re	equestor's Name)	
(Address)		
(Address)		
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200241395352

11/05/12--01010--026 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200 NOV -5 AM (200)

J. SAULSBERRY EXAMINER

NOV 6 2012

## COVER LETTER

TO: Registration Section Division of Corporations		
	RAL PLAMARIS, LLC 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:	
BRUCE H. VANDERLAAN, E	SQ.	
BRUCE H. VANDERLAAN, ATTORNE) Firm/Company	Y AT LAW, PA	
2077 FIRST STREET, SUITE Address	206 SECRETA NOV -	
Fort Myers, Florida City/State and Zip Code	SECRETARY OF STATE LUAINASSEE. FLORIDA	
BRUCEVANDERLAAN@GMAIL E-mail address: (to be used for future annual report	L.COM Potification)	
For further information concerning this mat	ter, please call:	
BRUCE H. VANDERLAAN Name of Person	at ( 239 ) 334-4067  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	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

门フ

## 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:	CORAL PLAMARIS, LLC
2. (a) Principal office address of limited liability co	company: 22 SAN REMO DRIVE
(Note: MUST BE STREET ADDRESS)	HAMILTON, ON ESTA
(b) Mailing address of limited liability company	y:
(Note: MAY BE POST OFFICE BOX)	SSS <b>3</b>
10/18/2012	L1200013334
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	BILL ANTAR
Registered Office Address:	3306 DEL PRADO BLVD S. CAPE CORAL, FL 33904
(b) Enter name of <u>NEW Registered Agent</u> and	d/or <u>NEW Registered Office address</u> : BRUCE H. VANDERLAAN
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES	2077 FIRST STREET, SUITE 206
	FORT MYERS ,FL 33901
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or a or the operating agreement of the limited liability company or a Signature of a member or authorized representative of a member	der the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
BRUCE H. VANDERLAAN, ESQ. Printed or typed name of signee	
I hereby accept the appointment as registered agen- comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability c	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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

f.