

L120000155450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

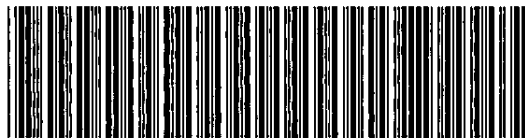
(Business Entity Name)

(Document Number)

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J. SAULSBERRY
EXAMINER

DEC 26 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTER ENTERPRISES, 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:

JASON R. ESTER
Name of Person

ESTER Enterprises, LLC
Firm/Company

1090 INNOVATION AVE, SUITE A101
Address

NORTH PORT, FL 34289
City/State and Zip Code

JRester7@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON R. ESTER at (941) 564-7774
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: Ester Enterprises, LLC

2. (a) Principal office address of limited liability company: 1826 Bottlebrush way
 (Note: **MUST BE STREET ADDRESS**) NORTH PORT, FL 34289

(b) Mailing address of limited liability company: 1090 INNOVATION AVE
 (Note: **MAY BE POST OFFICE BOX**) A101
NORTH PORT, FL 34289

Dec. 12, 2012
 3. Date of filing/registration in Florida

L12000155450
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: JASON R. ESTER
 Registered Office Address: 1020 INNOVATION AVE
A101
NORTH PORT, FL 34289

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: JASON R. ESTER
NEW Registered Office Address: 1090 INNOVATION AVE
 (MUST BE FLORIDA STREET ADDRESS) A101
NORTH PORT, FL 34289

Just a change from 1020 to 1090. Same suite & street.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 Signature of a member or authorized representative of a member
JASON R. ESTER
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

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

DEC 19 AM 8:30
 CLERK OF STATE
 TALLHASSEE, FLORIDA
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