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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Dwayne Bergmann LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dwayne Bergmann

Name of Person

Dwayne Bergmann LLC

Firm/Company

13520 Brynwood Ln

Address

Fort Myers FL 33912

City/State and Zip Code

Dwayne@dwaynebergmann.com

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

For further information concerning this matter, please call:

Dwayne Bergmann

_{at} (239

410-7958

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

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.	Naı	me of the limited liability company: Dwayne Bergmann Li	.c		_	
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	13520 Brynwood Lane Fort Myers FL 33912			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13520 Brynwood Lane Fort Myers FL 33912		<u>-</u>	
De	cemb	er 26, 2012	L12000160515			
3.	Dat	e of filing/registration in Florida	4. Document number	•		
5.	(a)	Registered Agent and Registered Office shown on		rida Dept. of State:		
		Registered Agent:	Dwayne Bergmann		—	
		Registered Office Address:	13782 Pine Villa Lane			
			Fort Myers, FL 33912		—	
						
	(b) Enter name of NEW Registered Agent and/or NEW Registered Of					====
		NEW Registered Agent:				
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13520 Brynwood Lane		1	
			Fort Myers	20 FL 33912 Com □		
co an lia the the	nfiri d the bilit e me e ope	imited liability company is not organized under the med that after the change or changes are made, the Flee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of ical. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote	of	
		Bergmann	_			
I co an Cl aa	here mply d I d japte dres	or typed name of signee by accept the appointment as registered agent and a w with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me es, Thereby confirm that the limited liability company	gree to act in this cap sper and complete per sition as registered as rely reflect a change i has been notified in	acity. I further agree rformance of my duties gent as provided for in in the registered office writing of this change.	to i,	

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

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