L13000093156

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| (City/State/Zip/Pflofie #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Decument Mumber) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF FINALE

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T. BROWN

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|--|--|--|-------------------|--------------------|
| SUBJECT: Cecil & Lecil LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | 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: | | | | |
| The enclosed Registered Agent/Registered Of | | | | | |
| Please return all correspondence concerning the | | | | | |
| Michael J. Whalen | | | | | |
| Name of Person | | | | | |
| Cecil & Lecil LLC | | | | | |
| Firm/Company | | | | | |
| 3400 Prospect Ave | | | | | |
| Address | | | | | |
| Naples, FL 34104 | | | | | |
| City/State and Zip Code | | | | | |
| MikeW@nec247.com | | | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | | | |
| | | | | Michael J. Whalen | at (239) 825-4203 |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | P.O. Box 6327 Tallahassee, Florida 32314 | | | | |

Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. | Nai | ne of the limited liability company: Ceol & Leal LLC | | |
|-----------------------------|--|--|--|--|
| 2. | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 3400 Prospect Ave Naples, FL 34104 | New New |
| | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3400 Prospect Ave Naples, FL 34104 | Nem Nen |
| 06/ | 28/201 | 3 | L13000093156 | |
| 3. | Dat | e of filing/registration in Florida | I. Document number | • |
| 5. (| (a) | Registered Agent and Registered Office shown on the | ne records of the Flor | ida Degt, gf State: |
| | | Registered Agent: | Alison L. Whalen | FE B T |
| | | Registered Office Address: | 5910 Taylor Rd. Suite 104 Naples, FL 34109 | TARRY OF PARTY |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | W Registered Office : | address: ORIDANE J |
| | | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3400 Prospect Ave | |
| | | MUST BE FEORIDA STREET APPRESS | Naples | FL 34104 |
| and lia the the | ntiri d the bilit e me e ope | imited liability company is not organized under the late that after the change or changes are made, the File business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise that the change is the limited liability company. | orida street address of cal. Or, in the case o was/were authorized | f the registered office f a Florida limited by an affirmative vote of |
| | | . Whaten or typed name of signee | - | |
| 11 co. an Cl ad | here mply d I c japte dres | by accept the appointment as registered agent and as with the provisions of all statutes relative to the prount in familiar with and accept the obligations of my poses 608, F.S. Or, if this document is being filed to mers, I hereby confirm that the limited liability company | ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in | acity. I further agree to formance of my duties, gent as provided for in a the registered office writing of this change. |
| Sig | znatui | e of Registered Agent | | |

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