## L14000022899

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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(APM) 2-18-15

## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJI	RBSeidel & Associates, LLC		
5020		ed Liability Company	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to	o the following:	
Paula	a T. Bradley, Pa.C.P.		
	Name of Person	<del></del>	
McCa	ausland Keen & Buckman	ASE C	<del>7</del>
	Firm/Company		ק יי
Radr	nor Court, Suite 160, 259 N. Radnor-Cheste	er Rd.	
	Address	7. OR	C
Radr	nor, PA 19087	17E 10A	
	City/State and Zip Code		
pbrac	dley@mkbattorneys.com		
Ī	E-mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this matter, please cal	II:	
Paula	a T. Bradley, Pa.C.P.	341-1052	
	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:	en e	
	✓ \$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 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.

I. Nar	me of the limited liability company: RBSeidel & Asso	CIBI	<b>68, LLC</b>	
2. (a)	377 1st Avenue, South	ſh	377 1st A	venue, South
(-7 =	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(U	M	siling address of limited liability company: (Note: MAX RE POST OFFICE BOX)
	Naples, FL 34102		Naples,Fl	L 34102
	February 5, 2014		L1400002	2899
3.	Date of filing/registration in Florida 4.		I	Occument number
5. (a)	CT Corporation System			
	Registered Agent and Registered Office shown on the records of the Fi	orlda	Dept. of State:	
	1200 South Pine Island Road			
I	Registered Office Address MUST BE FLORIDA STREET ADDR	ANN.	!	$\overline{z}$
	7-7			<u> </u>
	Plantation ,FL 333	24		FEB 17
(0) _	Richard B. Seidel	-		ला 💆 🕌
1	Enter name of NEW Resistered Agent and/or NEW Resistered Offic	o add	res:	M 9: 29
	377 1st Avenue, South			: 29 RIE RIE
Ì	NKW Registered Office Address:			A —
•	Naples FL 341	02		
signatu I hereby provisio ihe oblit to merel notified	nited liability company is not organized under the laws of use or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liability e authorized by an affirmative vote of the members of the less of organization or the operating agreement of the limit work of a member or suborized representative of a member of the limit was compared to the proper and complete perfect of all statutes relative to the proper and complete perfect of a change in the registered agent as provided for ly reflect a change in the registered office address, I here in writing of this change.	regis y co lim ted l Ric	tered office ampany, it is ited liability ability compared B. Se	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any.  idel, Member Printed or typed name of signee