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DIVISION OF CORTORATION

21/16

COVER LETTER

TQ:	Registration Section Division of Corporations					
SUBJE	3510 Fort Charles Drive, LL	С				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	following:			
David	d Alderuccio					
	Name of Person	-				
Alder	uccio Corporation					
	Firm/Company		_			
410 E	Bayfront Place #2202					
	Address					
Naple	es, FL 34102					
	City/State and Zip Code					
	.alderuccio@gmail.com					
E	-mail address: (to be used for future ann	ual report notif	ication)			
For fur	rther information concerning this matter,	please call:				
David	d Alderuccio	239	253-4571			
	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		Re Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			
INHS18	8 (2/14)					

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.

1.	Na	me of the limited liability company: 3510 Fort Char	rles C	Prive , LI	LC				
	(a)								
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	ldress of limited MAY BE POST			
		836 Paradise Drive	_	836 P	aradise [Orive			
		Maple Glen, PA 19002	_	Maple	es Glen, F	PA 19002			
		01/09/2015		L1400	0089023	FEIN	, ⊭ .	47- <i>i</i>	163866
3.		Date of filing/registration in Florida	4.		Docum	ent number			
5.	(a)	Douglas A. Wood							
	()	Registered Agent and Registered Office shown on the records of the	e Floric	la Dept. of	State:				
		1100 Fifth Avenue South Suite 101							
		Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRES</u>	<u>(S)</u>					<u> </u>
		1100 Fifth Avenue South Suite 101						15 F	USIAIG 038
		Naples Fi 3	34102	2				83	도 6년 -
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office a	ddress:			٠	PH 1: 36	ST STAIL STORATIONS
		NEW Registered Office Address:							
		700 11th Street South Suite 102							
		Naples, FL	34102	2					
the ag wa the X	e cha ent v as/we e arti Signa here ovisi e obi mer	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of class of organization or the operating agreement of the liture of a member or authorized representative of a member by accept the appointment as registered agent and agreeing of all statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I he din writing of his change.	he regoility of the linited	istered of company, mited liability Mich	Tice and the it is hereby sility compactory. (4E(S.) Printed	e business of confirmed to any or as other or typed name of turther agree	ffice that that the serving of the s	of the rithe charse prov	registered nge(s) ided in
	y- -					^			
Si	gnatu	re of Registered Agent				0			