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| Special Instructions to Filing Officer: |
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| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Fort Rin | ger LL C Tame 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: |
| Mark Levino Name of Person | |
| Fort Ringer LL Firm/Company | |
| 3915 Broadway | |
| Fort Myers, FL City/State and Zip Cod | 33901 |
| E-mail address: (to be used for future: | annual report notification) |
| For further information concerning this mat | ter, please call: |
| Mark Levine Name of Person | at (239) 2815701 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 follow | ing amount: |
| \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State Florida.

| 1 | FORT RIABLE 1 LC |
|------------------------------------|---|
| | ame of the limited liability company: Fort Ringer LLC |
| 2. (a) | Fort Ringer LLC Principal office address of limited liability company: Mailing address of limited liability company: |
| | (Note: MAY BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) |
| | 3915 Broadway 4600 Symmerlin Rd #1 |
| | Fort Myers, FL 33901 Fort Myers, FL 33919 |
| | Date of filing/registration in Florida L 18000 /2 0 821 Document number |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | Jess W Levins |
| · (-, | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | 6843 Porto Fino Circle |
| | Fort Hyers , FL 33912 |
| (b) | John M. Wicker, Esq. |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | Costello + Wicker P. A. NEW Registered Office Address: |
| | NEW Registered Office Address: |
| | 12670 dew Britteny Blud Ste 101: |
| | Fort Hyers FL 33907 |
| the ch agent was/w the ar | limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after lange or changes are made, the Florida street address of the registered office and the business office of the register will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company. Mark Levi Levi |
| provis the of to me | eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc oligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being fil rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been and in writing of this change. |

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

Signature of Registered Agent