FERGESON, SKIPPER, SHAW, KEYSER, BARON & TRABASSI, P.A.

DOUGLAS R. BALD (I) (5)
DAVID J. BARON (I)
JAMES O. FERGESON, JR. (2)
RICHARD R. GANS (4)
STEPHEN B. KEYSER (3)
DAVID S. MAGLICH (I) (6)
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April 6, 1999

LONGBOAT KEY OFFICE:
544 BAY ISLES ROAD
LONGBOAT KEY, FLORIDA 34228

PORT CHARLOTTE OFFICE:

18401 MURDOCK CIRCLE

PORT CHARLOTTE, FLORIDA 33948

- (1) BOARD CERTIFIED CIVIL TRIAL LAWYER
- (2) BOARD CERTIFIED TAX LAWYER
- (3) BOARD CERTIFIED REAL ESTATE LAWYER
- (4) BOARD CERTIFIED WILLS. TRUSTS AND ESTATES LAWYER
- (5) BOARD CERTIFIED APPELLATE LAWYER
- (6) BOARD CERTIFIED BUSINESS LITIGATION LAWYER

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Vera Leinsdorf; Allegretto, L.C.

File No. 6536/14589

Dear Ladies or Gentlemen:

Enclosed is an original, fully executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company our firm's draft in the amount of \$35.00 for the filing fee in regard to the above-referenced matter.

Should you have any questions or comments regarding the enclosed, please do not hesitate to contact me.

Very truly yours.

Richard R. Gans

RRG/ghf Enclosures

cc: E. Ralph Tirabassi, Esquire

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SECRETARY OF STATE DIVISION OF CORPORATIONS

99 APR - R PM 2: 22

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. The name of the limited liability company is: Allegretto, L.C.
2. The mailing address of the limited liability company is: 24 Harbourside Dr., #132
Longboat Key, FL 34228
July 17, 1998 L L98000001114
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Capital Connection, Inc.
Name
417 Virginia Street, Suite One
Address
Tallahassee, FL 32301
City, State and Zip
6. The name and address of the new registered agent and/or office: Vera Leinsdorf Name Vera Leinsdorf
Vera Leinsdorf
Name & T
ST
2410 Harbourside Dr., #132 マラビ Florida street address (P.O. Box NOT acceptable) スター
Longboat Key FL 34228
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company. (Signature of a member or authorized representative of a member)
Vera Leinsdorf
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been now field in writing of this change.
(Signature of Registered Agent) Vera Leinsdorf
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00