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SECTION OF STATE

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

Re: Clueless L.L.C.

Dear Sir/Madam,

Enclosed you will the application for Change of Registered Agent and our check in the amount of \$25.00 to cover your filing fee. Please fax and mail the filed evidence to the following:

Fax: 302-421-5753

Registered Agents Legal Services, LLC Attn: Terry Scaglione 1220 N. Market Street, Suite 806 Wilmington, DE 19801

If you have any questions, please call me at 800-400-6650. Thank you.

Sincerely,

Terry Scaglione

Incorporating Specialist

## 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: Clueles	s L.L.C.	
2. The mailing address of the limited liability company is:		
Tierra Verde, Florida 33715		
03/31/1999	L9900001823	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:  De Martigny, Charles	e address as shown on the records of the	
Name 1219 Tallevast Road	•	
Address Sarasota, FL 34243 City, State and	Zin	
6. The name and address of the new registered agent and/or office:		
Registered Agents Legal Ser	vices, Inc.	
Name 1333 North Duval Street	office:  vices, Inc.  NOT acceptable)  03	
Florida street address (P.O. Box	NOT acceptable)	
Tallahassee <sub>FL</sub> 323	03 AAR 16	
City, State and Z	ip .	
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	orida street address of the registered office cal. Or, in the case of a Florida limited	
SYLKE WAGNEK (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	

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

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**FILING FEE: \$25.00** 

Wiell W

(Signature of Registered Agent)