

MO1000001735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

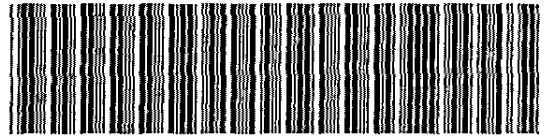
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DIVISION OF CORPORATE AFFAIRS



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Bonita Springs • Sanibel

Reply to  
Heather W. Hawkins  
Direct Dial Number 239.461.7775  
E-Mail: [heather.hawkins@henlaw.com](mailto:heather.hawkins@henlaw.com)

October 12, 2004

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

Re: Asset Management Associates, LLC

Enclosed please find a Statement of Change of Registered Office and Agent for filing on behalf of Asset Management Associates, LLC. Also enclosed please find our check number 441092 in the amount of \$25.00 for payment of the filing fee.

Sincerely,

A handwritten signature in black ink that reads 'Heather W. Hawkins'.

Heather W. Hawkins

HWH/

Enclosures

04 OCT 15 AM 10:23

DIVISION OF CORPORATIONS

**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: Asset Management Associates, LLC

2. The mailing address of the limited liability company is: 12 Hamilton Place, Tarrytown,

NY 10591

07/31/2001

M01000001735

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:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

6. The name and address of the new registered agent and/or office:

Heather W. Hawkins

Name

1715 Monroe Street

Florida street address (P.O. Box NOT acceptable)

Fort Myers

FL 33901

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 the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Daniel Damiano

(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 as provided for in Chapter 608, F.S. 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 notified in writing of this change.*

  
(Signature of Registered Agent)

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