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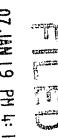
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## **COVER LETTER**

10:	Division of Corporations	
SUBJ	ECT: Parrish Properties II,   (Name o	LLC f Limited Liability Company)
Dear S	Sir or Madam:	
The er	aclaced Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
		• • • • • • • • • • • • • • • • • • • •
Please	e return all correspondence concerni	ng this matter to the following:
Chri	stina Harris Schwinn, Esq.	
	(Name of Person)	
		07 SE
Pave	ese Law Firm	JAN 19 CRETARY LAHASSE
	(Firm/Company)	ASS.
1022	) Handn	2
1033	B Hendry (Address)	9 PH 4: 17 SEF FLORIDA
	(Hadross)	ORII
Fort I	Myers, FL 33901	7 )A
TOIL	(City/State and Zip Code)	**************************************
For fu	rther information concerning this ma	atter, please call:
Chris	stina Harris Schwinn, Esq.	at ( 239 ) 336-6228
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
_	Registration Section	Registration Section
:	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
,	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the follow	ving amount:
	<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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 limite	ed liability company is: Parri	sh Properties II, LLC	<del></del>		
2. The mailing address o	f the limited liability company	is: P. O. Box 580488			
Pleasant Prairie, WI 53	3158				
07/06/2004		M04000002679			
3. Date of filing/registration in Florida		4. Document numb	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:					
	David S. Berstein, Esq. c/o				
6. The name and address	Name 150 Second Avenue No Addre St. Petersburg, FL 337 City, State a of the new registered agent ar	orth, 17th Floor ss 01 and Zip	07 JAN 19   SECRETARY		
	Christina Harris Schwing Name 1833 Hendry Florida street address (P.O.		PH 4: 17 OF STATE FILORIDA		
	Fort Myers, FL	33901			
City, State and Zip					
confirmed that after the cand the business office of liability company, it is he	mpany is not organized under hange or changes are made, the fithe registered agent will be increby confirmed that the change nited liability company or as of the limited liability or as of the liabili	ne Florida street address of dentical. Or, in the case of se(s) was/were authorized b	the registered office a Florida limited by an affirmative vote		
John L. Parrish					
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent at its of all statutes relative to the daccept the obligations of mithis document is being filed to that the limited liability comp	nd agree to act in this capa proper and complete perf position as registered age merely reflect a change in vany has been notified in w	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.		
(Signature of Registered Agent)	Epin				

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