M04000004639

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



100137978981

11/17/08--01025--001 **25.00

ZIBO NOV 17 AM II: 07

C. LEWIS
NOV 182008
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Otsego Holdings, LLC	
	nited 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 n	natter to the following:
Gerald S. Dodd	
(Name of Person)	
Otsego Holdings	
(Firm/Company)	
104 W Superior St	
(Address)	
Duluth, MN 55802 (City/State and Zip Code)	
(01), 1 2 2	
For further information concerning this matter, ple	ease call:
· · · · · · · · · · · · · · · · · · ·	
Gerald S. Dodd at (218) 722-3112
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

* " * **1**

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. Na	me of the limited liability compar	ny: Otsego Hold	dings, LLC		_ 0
2. (a)	Principal office address of limite (Note: MUST BE STREET A		7: 104 W Superior St Duluth, MN 55802		B
(b)	Mailing address of limited liabil (Note: MAY BE POST OFFI		104 W Superior St Duluth, MN 55802		D
3. Da	10-27-64 te of filing/registration in Florida		MO4DOC 4. Document number	004639	
5. (a) Registered Agent and Registere	ed Office shown on	the records of the Flor	ida Dept. of State:	
				-	_
	Registered Office Address:	1625 Hender	C Corporation System 100 South 5th St - Tea Suite 1075 Minneepolis, MN 5540	m 1	## ##
(h)		1-4, 11. 40.5	10) .		
(0)	Enter name of <u>NEW Registered</u>	a Agent and/or NE		idaress.	
	NEW Registered Agent:		Mark Penfeld		8
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			North Fort Myers	,FL_33917	
that a office hereb liabili limite	limited liability company is not ofter the change or changes are ma of the registered agent will be idy confirmed that the change(s) was ty company or as otherwise provid liability company.	de, the Florida stree entical. Or, in the cas/were authorized bas/were authorized bas/ded in the articles o	t address of the registe	ered office and the bus	iness is
(Printe	d S Dodd d or typed name of signee)		-		
	eby accept the appointment as regly with the provisions of all status miliar with and accept the obligation, if this document is being filed methat the limited liability companyer of Registered Agent)	gistered agent and a es relative to the pro tions of my position to merely reflect a c my has been notified	gree to act in this cape oper and complete per as registered agent as change in the registere l in writing of this cha	acity. I further agree to formance of my duties is provided for in Chapted office address, I her nge.	to , and I ter 608, eby
-	Division of Corp	orations, P.O. Box FILING FEE	6327, Tallahassee, F : \$25.00	0,7-	I E

INHS18 (05/08)