## M0400005432

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**EXAMINER** 



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DIVISION OF COAPSOATION

## **COVER LETTER**

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Division of Corporations					
current Paice II C					
SUBJECT: Paice LLC (Name	of Limit	ted Li	ability Company)		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office C	hange	and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this ma	itter to	the following:		
William F. Leimkuhler					
(Name of Person)			<del></del>		
Paice LLC			i sippin i Sirin		
(Firm/Company)			_		
43 Salem Straits Road					
(Address)			<del>-</del>		
,					
Darien, CT 06820					
(City/State and Zip Code)			_		
For further information concerning this may	ter, pleas	se call			
<i>6</i>					
Bill Leimkuhler	at (2	203	) 655-0696		
(Name of Person)	(.	Area (	Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:		MA	ILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301		Tui	anassee, Horida 52514		
Enclosed is a check for the followi	ng amou	ınt:			
	[	□ \$5	5 Filing Fee & Certified Copy		

**TO:** Registration Section

## 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.	Name of the limited liability company: Paice LLC	C	. 8
2.	(a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 22957 Shady Knoll Dr Bonita Springs, FL 34135	. 0
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	22957 Shady Knoll Dr Bonita Springs, FL 34135	. 8
<del>-</del> 3.	December 9, 2004  Date of filing/registration in Florida	M04000005432 4. Document number	
	(a) Registered Agent and Registered Office shown of		
	Registered Agent:	C T Corporation System	
	Registered Office Address:	1200 South Pine Island Road Plantation FL 33324	SECRI DIVISION
	(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	2	PART PART
	NEW Registered Agent:	Robert S. Oswald	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	22957 Shady Knoll Dr $\omega$	
		Bonita Springs ■,FL 34135	莱
tha	the limited liability company is not organized under that after the change or changes are made, the Florida stifice of the registered agent will be identical. Or, in the	reet address of the registered office and the busing	ess

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)

William F. Leimkuhler

(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 FILING FEE: \$25.00