## W0700002117

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ·                                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Office Use Only



500125051815

04/22/08--01041--001 \*\*25.00



M. Thomas App 23 2008



523 West 6th Street, Suite 544 Los Angeles, CA 90014 888-600-9540 213-452-4470 213-452-4472 FAX ATTN: Richard Arthur

Via FedEx: 4/21/2008

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Advance Fees [X] Check Attached \$25.00

Re: Cape Coral Florida, LLC

Please file the attached Statement of Change and return a stamped filed copy in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. If you have any questions or comments, please do not hesitate to contact our office at 888-600-9540.

Sincerely,

Richard Arthur

ORDER #: L040809



## 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 i  | is:  |  |   |   |  |
|---|---|--|--|---|---|--|
|   | CAPE CO   | DRAL FLOR  | RIDA, LLC  |   |   | ······································                       |
| 2. The mailing address of 10877 Wilshire Blvd. Suite 1  | •   |  | s:   |   |   |  |
| April 12, 2007  |   |  |  | 11070   | 000002  | 117  |
| 3 Date of filing/registration in Florida  |   |  | 4. Do  | cument num  |   |  |
| 5. The name of the register Florida Department of   |   | gistered off   | ice addres   | s as shown o  | n the records o   | of the   |
|   | Registered  | d Agent Sol  | lutions, In  | с.  |   | 45   |
|   |   | EG   |  |   |   |  |
| 155 Office Plaza Drive, Suite A Address   |   |  |  |   |   | 影  |
| Tallahassee, FL 32301   |   |  |  |   |   | 355  |
|   |   | y, State and   | Zip  |   |   | 3  |
| 6. The name and address of  | of the new registered   | agent and/   | or office:   |   |   |  |
|   | National Corp   |  | arch, Ltd.   | , Inc.  |   |  |
| Name<br>515 East Park Avenue  |   |  |  |   |   |  |
| Florida street address (P O Box NOT acceptable)   |   |  |  |   |   |  |
|   | i iorida strect addre   | .33 (I O D   | JA NOI a   | occptaolo)  |   |  |
|   | Tallahassee   | <u>FL</u>  |  | 32301   | <del></del>   |  |
|   | City,   | State and 2  | Zip  |   |   |  |
| If the limited liability comconfirmed that after the cleand the business office of liability company, it is her of the members of the lim or the operating agreement. | nange or changes are the registered agent reby confirmed that the little distribution of the limited liability companit of the limited liability. | made, the l<br>will be ider<br>he change(s<br>ny or as oth<br>ity compan   | florida stratical Or, s) was/we                                    | eet address of<br>in the case of<br>re authorized                             | of the registered<br>of a Florida lim<br>I by an affirmat                                   | d office<br>sited<br>tive vote                               |
| (Signature of a member or authori   | zed representative of a mem   | iber)  |  |   |   |  |
| ER  | I S. KROH   |  |  |   |   |  |
| (Printed or typed name of signee)   |   |  | <del></del>  |   |   |  |
| I hereby accept the appoi<br>comply with the provision<br>and I am familiar with and<br>Chapter 608, F.S. Or, if to<br>address, I hereby confirm                      | ntment as registered<br>s of all statutes relati<br>d accept the obligation<br>his document is being<br>that the limited liahi                    | agent and dive to the property of my post of my post filed to include the company of the company | agree to a<br>roper and<br>osition as<br>erely refle<br>ny has bee | ct in this cap<br>complete pe<br>registered a<br>ct a change<br>n notified in | pacity I furthe<br>rformance of n<br>gent as provide<br>in the registere<br>writing of this | r agree to<br>iy duties,<br>ed for in<br>ed office<br>change |
| (Signature of Registered Agent)   | Sottan, Rich  | and Arth   | ur, Ass  | it. Secreta   | 7   |  |

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