M1000000 5088

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
_ Certificates	of Status					
Special Instructions to Filing Officer:						
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Office Use Only



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COVER LETTER

Name of Limit Lability Company

Divisi	on of Corpo	orations					
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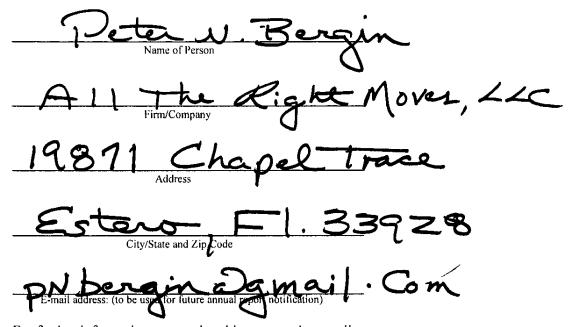
Dear Sir or Madam:

TO:

Registration Section

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Peter Bergin at (23) 390-0821

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$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. Name of the limited liability company: ALL THE RIGHT MOVES	SLLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	19871 CHAPEL TRACE ESTERO, FL 33928
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE
11/17/10	M10000005088
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	JOSHUA O DORCEY, ESQ
Registered Office Address:	10181 SIX MILE CYPRESS PKWY STE C FORT MYERS, FL 33966
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	PETER N. BERGIN
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	19871 CHAPEL TRACE
	ESTERO ,FL 33928
f the limited liability company is not organized under the lactonfirmed that after the change or changes are made, the Florind the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) he members of the limited liability company or as otherwise he operating agreement of the limited liability company. Printed or typed name of signee I hereby accept the appointment as registered agent and agramply with the provisions of all statutes relative to the province of the amount of the obligations of my post chapter 608, F.S. Or, if this document is being filed to merouddress. I hereby confirm that the limited liability company. Signature of Registered Agent	prida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of a provided in the articles of organization or separate to act in this capacity. I further agree to act in this capacity. I further agree for and complete performance of my duties, ition as registered agent as provided for intelly reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)