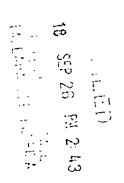
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Conrad Eggers Properties, LLC		
Name of Limited 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 matter to the following:		
Conract Eggers Name of Person		
Conrad Eggers Properties, 110 Print Company		
2806 SW 30th St Address		
Cape Coral, FL 33914 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Conrad Eggers at (701) 226-5610 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		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1107.1111.	
1. Name of the limited liability company:	C Eggers Properties, LLC
2. (a) 2806 SW 30+n St	3 3
Principal office address of limited liability company:	(b) Mailing address of limited flability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Cape Coral FL 33914	Same
 	
Z/2 / 153. Date of filing/registration in Florida	M 150000010 86
3. Date of filing/registration in Florida	4. Document number
5. (a) Northwest Registered Agent Registered Agent and Registered Office shown on the records of	the Florida Dant of State
-	•
3030 N Rocky Point Orive Registered Office Address (MUST BE FLORIDA STREET)	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
Suite 150 A	SEP 26 PH 2: 43
	SE T
Tampe	- 53607 N
	· 6 E
(b) Conrud Egger Enter name of NEW Registered Agent and/or NEW Registered	2
Enter fiante of NEW Registered Agent and of NEW Registered	Tomee address:
	<u></u>
NEW Registered Office Address:	
NEW Registered Office Address.	
Cape Coral FL	33914
,	
If the limited liability company is not organized under the lay	ws of the State of Florida, it is hereby confirmed that after
agent will be identical. Or, in the case of a Florida limited lia	If the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of	of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	• • • • • • • • • • • • • • • • • • • •
Signature of a member or authorized representative of a member	Printed of typed name of signee
 nerepy accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete 	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. It	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605. F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
notified in mutting of this change.	12. 20, 2. gram mai me minica monthy company mas occir

Signature of Registered Agent