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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJ	JECT: Linesiders of Southwest Florida, Inc.  Name of Corporation			
DOCU	CUMENT NUMBER: N0600005908			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Thomas M. Dougherty Name of Contact Person				
Linesiders of Southwest Florida, Inc.				
	Firm/Company			
	1531 Hendry Street			
	Address			
	Fort Myers, Florida 33901 City/State and Zip Code			
	City/State and Zip Code			
	tom@7-litagators.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Thomas M. Dougherty at ( 239 ) 334-95	500		
	Name of Contact Person at ( 239 ) 334-95  Area Code & Daytime Telephore	ne Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle		

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or the lange is submitted for a corporation organized under the la	rws of the State of Florida
in orde	der to change its registered office or registered agent, or bo	th, in the State of Florida.
1. The name of	f the corporation: Linesiders of Southwest Flor	ida, Inc.
2. The principal	al office address: 1531 Hendry Street, Fort Myers, I	Florida 33901
3. The mailing	address (if different):	
4. Date of incor	prporation/qualification: 06/01/2006 Document	number: N0600005908
	nd street address of the current registered agent and register artment of State: (If resigned, enter resigned)	ed office on file with the
	Thomas M. Dougherty	
	2075 West First Street, Suite 100	
	Fort Myers, Florida 33901	
6. The name an (if changed):	nd street address of the new registered agent (if changed) ar	SECRETAR SSEE, FLORIGE
	Thomas M. Dougherty	SSET SSET
	1531 Hendry Street	10 M 9: 23
	P.O. Box NOT acceptable	
	Fort Myers, Florida 33901	
The street addr	ress of its registered office and the street address of the bill be identical.	
Such change wanthorized by t	was authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	directors or by an officer so of the change.
		PD ·
	pt the appointment as registered agent and agree to act in et to comply with the provisions of all statutes relative to and I am familiar with and accept the obligation of my poeing filed merely to reflect a change in the registered offices been notified in writing of this change.	nted or typed name and title  n this capacity, the proper and complete performance sition as registered agent. Or, if this ice address, I hereby confirm that the
-1-6	0 - 1) -	8/2/29
Si	Signature of Registered Agent	Date
If signing on b	behalf of an entity:	
	nomas M. Dougherty Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	k

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314