N080003110

(Requestor's Name)				
. (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
• •				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status <u>Carrier 1</u>				
Special Instructions to Filing Officer:				





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06/29/09--01050--024 **35.00





COVER LETTER

TO: Amendment Division of	nt Section f Corporations					
subject: <u>50u-</u>	thwest Florida Cheyy Name of Co	<u>Dealers-Fort myers</u> Advertising	g,Inc.			
DOCUMENT NU	MBER:N080	00003110				
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.				
Please return all co	rrespondence concerning this matter t	o the following:				
	Kim No					
	Name of Cont	act Person				
	Hinshaw & C	ulbertson				
	Firm/Company					
	100 South Ashley	Orive. Suite 500				
	Addre					
Tampa, FL 33602 City/State and Zip Code						
	City/Glate and	Zip code				
_	E-mail address: (to be used for fut	ure annual report notification)				
For further informa	tion concerning this matter, please ca	J:				
	Kim Novak	at (813) 868-8840 Area Code & Daytime Telephone Number				
Nan	ne of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Departm	ent of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee FI 32314	2661 Executive Center Circle				

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, 617.050 honge is submitted for a corporation organ	rized under the laws of the State o	Florida
	ler to change its registered office or regist	-	
	f the corporation Southwest Florida		
2. The princips	al office address: 1901 S. Tamianti Tr	all, Punta Gorda, FL 33950)
3. The mailing	address (if different): Same		
4. Date of inco	proretion/qualification: 3/27/08	Document number:	N08000003110
	nd street address of the corrent registered a artment of State: (If resigned, onter resigne		willi the
	Robert E. Sickles		
	100 North Tampa Street, Suite	3500	_
	Tampa, FL 33602		Ē.o.
6. The name at (if changed)	ad suger address of the new registered ager	nt (if changed) and for registered (T S EX
	Robert E. Sickles, P.A.		124 × 60 1
	100 South Ashley Drive, Suite 5		
	Tampa, FL 33602	T seceptable	H: 29 HATE ORIDA
The street add as changed wi	ress of its registered office and the street II be identical.	address of the business office o	fits registered agent,
Such change vauthorized by	was authorized by resolution duly adopte the hours or the corporation has been no	d by its board of directors or by stifted in writing of the change.	an officer so
Zlagos.	Sure of the officer of direction	Richard Llewelly	
I hereby accept I further agree of my duties, o document is be corporation by	of the appointment as registered agent and to comply with the provisions of all stated and I am familiar with and accept the obliving filed merely to reflect a change in the second these in the second this change in the second continues.	nd agree to act in this capacity uses relative to the proper and cligation of my position as registe eregistered office address. I he	complete performance cred agent. Or, if this reby confirm that the
/<	oht 5 Sill	6/24/09	
s: If signing on b	renature of Regimental Agent	/ 1/210	
	<u>-</u>		
	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *