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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                     |  |  |  |
|--|--|--|--|
| SUBJECT: SCHUTT LAW FIRM   |  |  |  |
| Name of Corporation  | 1  |  |  |
| DOCUMENT NUMBER: P04000008   | 289  |  |  |
| The enclosed Statement of Change of Registered Office/Agent ar     | nd fee are submitted for filing.                     |  |  |
| Please return all correspondence concerning this matter to the fol | lowing:  |  |  |
|  | _  |  |  |
| Darrin R. Schutt   |  |  |  |
| Name of Contact Person   | on   |  |  |
|  |  |  |  |
| Schutt Law Firm P  | Δ  |  |  |
| Firm/Company   |  |  |  |
|  |  |  |  |
| 1322 SE 46th Lane, Su  | ite 202  |  |  |
|  | TMM assue, 10 , 2030 ·                               |  |  |
| \$5 \$590 Beach \$ 37 60   | The property of Control of the                       |  |  |
| Cono Corol Florida 3   | 3004   |  |  |
| Cape Coral, Florida 3 City/State and Zip Cor                       | de   |  |  |
|  |  |  |  |
| darrin.schutt@schuttlaw  |  |  |  |
| E-mail address: (to be used for future annual report notification) |  |  |  |
| i  |  |  |  |
| For further information concerning this matter, please call:       |  |  |  |
| ,  |  |  |  |
| Darrin R. Schutt, Esq. at (  | 239 ) 540.7007<br>ea Code & Daytime Telephone Number |  |  |
| Name of Contact Person Are   | ea Code & Daytime Telephone Number                   |  |  |
| Enclosed is a \$35.00 check made payable to the Department of S    | Itata  |  |  |
| Enclosed is a \$55,00 check made payable to the Department of 5    | nate.  |  |  |
|  |  |  |  |
| Mailing Address: Amendment Section                                 | Street Address: Amendment Section                    |  |  |
|  | Division of Corporations                             |  |  |
| P.O. Box 6327  | Clifton Building                                     |  |  |
| Tallahassee, FL 32314  | 2661 Executive Center Circle                         |  |  |
| e grant  | Tallahassee, FL 32301                                |  |  |
|  | 1 · 1 · 1 · 1  |  |  |

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

| statement of cha                   | ptovisions of sections 607.0502, 617.0502, 607.1508, or 617.1.<br>Inge is submitted for a corporation organized under the laws of<br>Ir to change its registered office or registered agent, or both, in  | f the State of Florida              | iis                                    |               |
|------------------------------------|---|-------------------------------------|--|---------------|
| 1. The name of t                   | the corporation: Schutt Law Firm, P.A.  |                                     |  |               |
| 2. The principal                   | office address: 1322 SE 46th Lane, Suite 202, Cape  | Coral, Florida 3390                 | )4                                     |               |
|                                    |   |                                     |  |               |
| 3. The mailing a                   | address (if different): Same  |                                     |  |               |
| 4. Date of incorp                  | poration/qualification: 01/05/2004 Document num   | ber: <b>P040000</b>                 | 08289                                  |               |
|                                    | d street address of the current registered agent and registered of timent of State: (If resigned, enter resigned)   | fice on file with the               | £ <b>99</b>                            |               |
|                                    | Darrin R. Schutt, Esq.  | \frac{1}{2}                         | SEP .                                  | 71            |
|                                    | 1105 Cape Coral Parkway East, Suite C   | ASS                                 | 表し                                     | Ë             |
|                                    | Cape Coral, Florida 33904   |                                     | 유 <b>교</b>                             | ED            |
| 6. The name and (if changed):      | d street address of the new registered agent (if changed) and /or   | registered office                   | 1:12<br>STATE                          |               |
|                                    | Darrin R. Schutt, Esq.  |                                     |  |               |
|                                    | 1322 SE 46th Lane, Suite 202  |                                     |  |               |
| P.O. Box NOT acceptable            |   |                                     |  |               |
|                                    | Cape Coral, Florida 33904   |                                     |  |               |
| The street address changed will    | ess of its registered office and the street address of the busine<br>Lbe identical.   | ess office of its register          | ed agent,                              |               |
| Such change want authorized by the | as authorized by resolution duly adopted by its board of dire<br>he board, or the corporation has been notified in writing of the   | ctors or by an officer some change. | 0                                      |               |
| Signatri                           | Darrin F The of an officer of director Printed or   | R. Schutt, Presiden                 | <u> </u>                               |               |
| I hereby accept                    | the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the pid I am familiar with and accept the obligation of my positio ing filed merely to reflect a change in the registered office acts been notified in writing of this change. | s capacity.                         | rformance<br>Or, if this<br>n that the | ?<br><b>S</b> |
|                                    |   | 9/1/2009                            |  |               |
| •                                  | nature of Registered Agent  | Date                                |  |               |
| If signing on be                   | ehalf of an entity:   |                                     |  |               |
| т                                  | Typed or Printed Name   |                                     |  |               |

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