## L06000055045

	(Requestor's Name)				
	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

MAR 30 2009

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

March 24, 2009

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Montaigu Investments, LLC Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the abov captioned Montaigu Investments, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Lindsey Klemencic

National Registered Agents, Inc.

Girdony Hemenero

Enclosure - Check

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## **COVER LETTER**

Division of Corporations			
SUBJECT: Montaigu Investments, I	LLC Limited Liability Company)		
(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning		~	
	ACC	8	
Matt Thompson	AR HM Pri	2009 MAR 27 PM 4: 20	
(Name of Person)	IASSEE	27	
		<u> </u>	
National Registered Agents, Inc.	OF STATE	든 (	
(Firm/Company)	TE ALDA	20	
11600 College Boulevard, Suite 2	10		
(Address)			
Overland Park, KS 66210			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Matt Thompson	at ( 800 ) 550-6724 ext. 503		
(Name of Person)	(Area Code & Daytime Telephone N	umber)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the followin	ig amount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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.

ι.	The name of the limited liability company i	is: Montaigu Investments, LLC	
2.	The mailing address of the limited liability	company is : 9060 S.W. 67th Ave	enue
Pi	necrest, FL 33156-1710 US		·
0	3/26/2006	L06000055045	
3. Date of filing/registration in Florida 4. Document number 1.			mber
	The name of the registered agent and the reg Florida Department of State:	gistered office address as shown	on the records of the
	CFRA, LLC		_ = = ~
		Name	FIL 2009 MAR 27 SECRETAR) ALLAHASSI
	4221 W. Boyscout B	lvd., 10th Floor	AS III
		Address	AR 27 PI
Tampa, FL 33607-5736 US			SS AR
	Cit	y, State and Zip	
6. The name and address of the new registered agent and/or office:			OF STA
	NRAI Services, Inc.		REP. 20
		Name	A
	2731 Executive Park	Drive, Suite 4	
	Florida street addre	ess (P.O. Box NOT acceptable)	
		E1 00004	
	Weston	FL 33331 State and Zip	<del></del>
	City	, State and Zip	
an lia of or	the limited liability company is not organize of the that after the change or changes are defined that after the change or changes are defined that sometimes of the limited liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability company.  The property of authorized terresentative of a member of a member of authorized terresentative of a member of authorized te	e made, the Florida street address will be identical. Or, in the case the change(s) was/were authorizen or as otherwise provided in the lity company.	s of the registered office e of a Florida limited ed by an affirmative vote
	FREDY D	ELLIS	
(P	rinted or typed name of signee)		
Ľ	hereby accept the appointment as registered mply with the provisions of all statules relat of I am familiar with and accept the obligati papter 608, F.S. Or, if this document is bein dress, I hereby confirm that the limited liab RAI Services. Inc.	d agent and agree to act in this c live to the proper and complete ions of my position as registered in filed to merely reflect a chang ility company has been notified	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.
(S	Igniture of Registered Agent) ndsey Klemeric Assistant Secretary		
_	Univision of Corporations,	P.O. Box 6327, Tallahassee, F.	L 32314
	FILI	ING FEE: \$25.00	