

L10000126922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

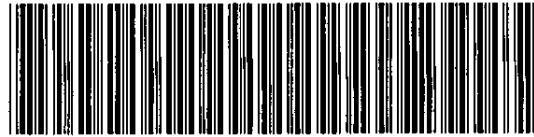
(Business Entity Name)

(Document Number)

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RECEIVED  
13 FEB 21 PM 1:45  
APPROPRIATE DIVISION  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 FEB 21 AM 8:46

C. LEWIS  
FEB 22 2013  
EXAMINER



CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 222 1092 tel  
850 222 7615 fax  
www.ctcorporation.com

February 21, 2013

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 8683894 SO  
Customer Reference 1: Change of Agent  
Customer Reference 2: FL

Dear Department of State, Florida:

Please obtain the following:

NRP Monterra LLC (FL)  
Change of Agent  
Florida

NRP Manager LLC (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenny Metayer".

Kenny Metayer  
Fulfillment Specialist - Contractor  
kenny.metayer@wolterskluwer.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NRP MONTERRA 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:

Rebecca M. Pillar  
\_\_\_\_\_  
Name of Person

the NRP group  
\_\_\_\_\_  
Firm/Company

5309 Transportation Blvd.  
\_\_\_\_\_  
Address

Cleveland, Ohio 44125  
\_\_\_\_\_  
City/State and Zip Code

rpillar@nrpgroup.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca M. Pillar at ( 216 ) 584-2556  
\_\_\_\_\_  
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  \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: NRP Monterra LLC

2. (a) Principal office address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**)  
5309 Transportation Blvd  
Cleveland, Ohio 44125

(b) Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)  
5309 Transportation Blvd  
Cleveland, Ohio 44125

12/10/2010

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: B&C CORPORATE SERVICES OF CENTRAL FLORIDA

Registered Office Address:  
390 N. ORANGE AVE.  
SUITE 1400  
ORLANDO FL 32801 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: CT Corporation System

**NEW** Registered Office Address:  
 (MUST BE FLORIDA STREET ADDRESS)  
1200 South Pine Island Road  
Plantation, FL 33324  
 \_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

T. RICHARD  
 Rick Bailey

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

BY: Renee Cruz Renee Cruz, Asst. Secretary  
 Signature of Registered Agent CT Corporation System

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2019 FEB 21 AM 8:46