613000094825

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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14 JUL 21 PH 6: 08

Office Use Only

1 M 8/4/14

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: METRO ONEONTA, LLC			
Nam	e of Limited L	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change and	d fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the	following:	
Matthew Kelly			
Name of Person			_
Humber Breatman of Co. of LLO			14 JUL 21 SEC (L. 1973) ALL SHASON
Hughes Development Group, LLC			
Firm/Company			33 <u>~</u>
303 Fellowship Road, Suite 202			
Address		 .	14 JUL 21 PH 6: 08 SECREPT OF STATE ALL SHASSET OF STATE
Mount Laurel, NJ 08054			<u> </u>
City/State and Zip Code			
Nvanistendal@metrocommercial.com			
E-mail address: (to be used for future ann	ual report noti	fication)	
For further information concerning this matter,	please call:		
matthew Kelly	856 at (802-1654	
Name of Person		Arca Code & Daytime Telep	phone 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	á 9	S55 Filing Fee & Certified Copy	′
INHS18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: METRO ON	EONTA, LLC	
2. (a)	• • • • • • • • • • • • • • • • • • • •		Gordon Rìver Traìl
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34105	Naple	s, FL 34105
	07/02/2013	L13000	0094825
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI Services, Inc.		
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	tate:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<u> </u>
	Plantation, F	33324	- 14 Jul
(b)	Daniel Hughes		
·	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	- Salber
	1235 Gordon River Trail		
	NEW Registered Office Address:		- 08 08
	Naples	_L 34105	
the cha agent v was/we	limited liability company is not organized under the leange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members tales of organization or the shefating agreement of the	of the registered off liability company, is of the limited liabi	fice and the business office of the registere it is hereby confirmed that the change(s) lity company or as otherwise provided in
de	WM / Arufu	Daniel J. H	lughes - Manager
	nture of a member of authorized representative of a member		Printed or typed name of signce
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act in this c le performance of n led for in Chapter (I hereby confirm th	apacity. I further agree to comply with the vy duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent