

From Origin ID (612)349-0402 Cheryl Rocheford Holden Communications 607 Washington Avenue North Minneapolis, MN 55401				
(City/State/Zip/Phone #)				
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

fursuant to the provisions of secti- liability company submits the following agent, or both, in the State of Florid	ving statement in order	ë, Florida Statutes, the unders to change its registered office	tigned limited or registered
1. The name of the limited liability	company is: Holden	Properties Naples,	LLC
2. The mailing address of the limite	d liability company is:	607 Washington Ave	N .
		Minneapolis MN 5540	
6/19/03	M0300000215		
3. Date of filing/registration in Florida 4. Document nu		4. Document number	
5. The name of the registered agent to Florida Department of State:	and the registered office	address as shown on the record	s of the
_CT_Co	poration Syste	30	
e/o C	Name I Corporation S	ystem, 1200 South Pi	ne Island Rose
Plant	Address		
	City, State and Z	ip	
6. The name and address of the new registered agent and/or office:		office:	至。字
NRAI Servi	ces, inc.		
	Name		- Fr 12 3,
526 E. Park Avenue			AND THE STREET
Florida s	meet address (P.O. Box	NOT acceptable)	
Tallahasse	e FL 32301		1.9:59 71.08:59
	City, State and Zip	,	
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confir the members of the limited liability the operating agreement of the limited limited limited the operating agreement of the limited l	sanges are made, the Flored agent will be identiced that the change(s) wompany or as otherwised liability company.	rida street address of the registe al. Or, in the case of a Florida I vas/were authorized by an affirm	red office limited native vote of
(Printed or typed name of signer)			
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this accumaddress, I hereby confirm that the lit NRAI Services Inc.	registered agent and agent tales relative to the prote configations of my posi- ent is deing filed to mere intred liability company Msc/14 []	ree to act in this capacity. I fur- ver and complete performance of tion as registered agent as prov- tly reflect a change in the regist has been notified in writing of t	ther agree to If my duties, ided for in ered office his change

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

INHS18(10/09)

(Signanus of Registered Agent)

ASSIST SE

FILING FEE: \$25.00