Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

: CHARLES BACLET AND ASSOCIATES INC Account Name

Account Number : I20080000054 : (949)955-9585 Phone

: (800)562-6504

Fax Number

## REGISTERED AGENT CHANGE

## NHP TREASURE COAST TIC 12, LLC

Certificate of Status	0
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S. HAWKES

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**EXAMINER** 

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TO:050 617 6381 P.2/12

## COVER LETTER

TO:	Registration Section
	Division of Corporations

Uname	of Limited Liability Company)
(	can a
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:
Nicole Parnell	
(Name of Person)	
Charles Baclet and Associates, Inc. (Firm/Company)	
(Time Company)	
2875 Michelle Drive, Sulte 100	
· (Address)	
Irvine, CA 92606	
(City/State and Zip Code)	
For further information concerning this mat	ter please call
To further motination concerning this man	ter, preude carr.
Nicole Parnell	at ( 949 ) 955-9585
,	040 4055 0505
Nicole Parnell (Name of Person) STREET/COURIER ADDRESS:	at ( 949 ) 955-9585  (Area Code & Daytime Telephone Number)  MAILING ADDRESS:
Nicole Parnell  (Name of Person)  STREET/COURIER ADDRESS: Registration Section	at ( 949 ) 955-9585  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section
Nicole Parnell  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations	at ( 949 ) 955-9585  (Area Code & Daytime Telephone Number)  MAILING ADDRESS:
Nicole Parnell  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at ( 949 ) 955-9585  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations
Nicole Parnell  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	at ( 949 ) 955-9585  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Nicole Parnell  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at ( 949 ) 955-9585  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

INHS18 (5/08)

1

## 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: NHP TREASUR	RE COAST TIC 12, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 4885 Riverbend Road, Suite D Boulder, CO 80301	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	4885 Riverbend Road, Suite D Boulder, CO 80301	
9/25/2007	M07000005769	
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:	Corporation Service Company	
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301-2525	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		
NEW Registered Agent:	NRAI Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston ,FL 33331	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited hability company.  November 21, 2008  (Signature of a member or authorized representative of a member)	address of the registered office and the business ase of a Florida limited liability company, it is	
Paul J. Hagan (Printed or typed name of signce)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all signifes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited Hability Company has been notified		
Jose Castellanos, Assis	tant Secretary	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)