## A0900000281

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations				
SUBJECT: NVC - Spring Hill, LTD				
SUBJECT: Name of Limited Partnership or Limited Liability Limited Partnership				
DOCUMENT NUMBER:	A0900000281			
The enclosed Statement of Change of Registee(s) are submitted for filing.	tered Office and/or Registered Agent and			
Please return all correspondence concerning	this matter to:			
Sharon H. Yarnall				
Contact Person				
The NuRock Companies				
Firm/Company				
800 North Point Parkway - #	125			
Address	<del></del>			
Alpharetta, GA 30005				
City, State and Zip Code				
syarnall@nurock.cor	m			
E-mail address: (to be used for future annual re				
For further information concerning this matter, please call:				
Sharon H. Yarnali	at ( 678 ) 297-3408			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to	the Florida Department of State.			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l	NVC - Sprii		
	Name of Limited Partnership or Lin	nited Liability Lin	nited Partnership
2	4/28/2009	3	A0900000281
Date of fi	ling/registration in Florida		Florida document number
4. The name of th Department of Sta	e registered agent and the registered te:	office address as	shown on the records of the Florida
	CT Corp	oration	
	Nar		
	1200 South Pin	e Island Roa	DIL ALL ALL SE
	Addr	ress	7.7.
	Plantation, I	FL 33324	
	City, State	and Zip	SC
5. The name and I	Florida street address of the new regi	istered agent and/	for office:
	Robby Block - NuRock A	Acquisitions F	lorida, LL
	Nar	<u>·</u>	<del></del>
	8794 Boynton Beach	n Boulevard -	#219
	Florida street address (P.	O. Box not accep	otable)
	Boynton Beach	FL_	33472
	City, State		<del></del>
6. Such change(s)	is/are effective when filed by the Fl	orida Departmen	t of State.
Signature of Gene	ral Partner		
comply with the pi	e appointment as registered agent ar rovisions of all statutes relative to the with an accept the obligations of my stered Agent	e proper and con	plete performance of my duties,
Filing Fee: Certified Copy	\$35.00 y (optional): \$52.50		