A99000000884

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone ≇	(†)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Dor	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to I	Filing Officer:	

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02/19/10--01018--001 **445.00

SECRETARY OF STATE OF STATE OF CORPORATION

T. HAMPTON FEB 2 2 2010

EXAMINER

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

JOHN S. DUSS. IV
THERESA M. KENNEY
ELIOT J. SAFER
WADE MCK. HAMPTON*
WILLIAM J. JOOS
KELLEY P. PRESLEY

*ALSO ADMITTED IN GA

TELEPHONE (904) 543-4300 www.JAXFIRM.com

4348 SOUTHPOINT BLYD., SUITE IOI JACKSONVILLE, FLORIDA 32216 FACSIMILE (904) 543-4301

Sender's Direct Dial 904.543.4314
Sender's Email Address: vcummins@JAXFIRM.com

February 18, 2010

VIA UNITED STATES MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re:

Registered Agent Changes

Ladies and Gentlemen:

Enclosed please find fifteen (15) Statements of Change of Registered Office or Registered Agent for filing with your office. Also enclosed is this office's check payable to the Division of Corporations in the amount of \$445.00. Please return your confirmations of filing to our office at the above address.

Thank you for your assistance.

Sincerely yours.

Vicki L. Cummins, FRP

Paralegal to John S. Duss, IV

:vlc

Enclosure(s)

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.

Nai	Ponte Vedra Mana me of Limited Partnership or Li			
•	6/18/1999		A99000000984	
2. 06/18/1999 Date of filing/registration in Florida		3	Florida document numbe	
4. The name of the re Department of State:	gistered agent and the registere	d office address a	s shown on the records of	the Florida
	John S.	Duss, IV		
	Na	ame		
	10110 San J	ose Boulevar	d Ì	
	Ad	dress	. 5	
	Jacksonville,	Florida 3225	7.	
	City, Sta	te and Zip		
5. The name and Flor	ida street address of the new re	gistered agent and	l/or office:	
	John S.	Duss, IV		<u> </u>
		ame		É
	4348 Southpoint E	Boulevard, Ste	e. 101	OFEB 19 AM
	Florida street address (ė
	Jacksonville	FL	32216	
	City, Sta	te and Zip	<u> </u>	200
PVM Group, Inc. Signature of General I Gasper Lazzana I hereby accept the ap comply with the provi	, President pointment as registered agent of sions of all statutes relative to the abligations of managers.	- and agree to act i he proper and co	n this capacity. I further o mplete performance of my	