## L00000005912

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STEAT GARY OF STATE DIRECTOR OF CORPORATIONS

DEC 2.7 2012 T. HAMPTON

COVER LETTER . Registration Section Division of Corporations Name of Limited Liability Company 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: 1): Italou of CoFirm/Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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 liability company submits the following statement in or agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: Nichole	on Development Company La
2. (a) Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	ny: 4111 Harbor Oaks Ct.
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	4111 Harbor Oaks Ct.
3. Date of filing/registration in Florida	L_0000005912 4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Cook, David Esq.
Registered Office Address:	BODITO Springs Flattage 81
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent: NEW Registered Office Address:	2580 Wild Pines Lane
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL 34112
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of office in the articles
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, 5.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	<b>2</b> ₹

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

Signature of Registered Agent