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TO:	Registration Section Division of Corporations	
SUBJ	ECT: FGV Holdings of Naple Name	s, LLC of Limited Liability Company)
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to the following:
Joyce	Thornton, CPA (Name of Person)	
Barron	Collier Companies (Firm/Company)	
2600 (Golden Gate Parkway	·
Namia	(Address)	
ivapie	s, FL 34105 (City/State and Zip Code)	
For fu	orther information concerning this mat	tter, please call:
Joyce	Thornton	at (239) 403-6733
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	ing amount:
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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: FGV Holding	s of Naples, LLC	_ 🖽
2.	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2600 Golden Gate Parkway Naples, FL 34105	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2600 Golden Gate Parkway Naples, FL 34105	_ 0
- 3.	Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the Registered Agent: Registered Office Address:	Paul J. Marinelli	SEURLTARY OF STATE DIVISION OF CORPORATIONS
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Bradley A. Boaz	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Barron Collier Companies 2600 Golden Gate Parkway Naples,FL 34105	- -
th of he lia lir	the limited liability company is not organized under the last after the change or changes are made, the Florida street fice of the registered agent will be identical. Or, in the careby confirmed that the change(s) was/were authorized by ibility company or as otherwise provided in the articles of nited liability company. Trances G. Villere remember or authorized representative of a member)	address of the registered office and the business of a Florida limited liability company, it is	ness s

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am lamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FI

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

(Signature of Registered Agent)