101000008927

| , (De | oguaetorie Nama) | | | |
|-------------------------|---|-------------|--|--|
| 971) | equestor's Name) | | | |
| (Ac | ldress) | | | |
| (Ac | ldress) | - | | |
| | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Na | me) | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 151 | | |
| | 100 to | | | |
| | Office Use Or | | | |



500082855665

01/04/07--01014--003 **230.00

SECULTARY OF STATE

FILED

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.

| The name of the limited liability comp | pany is: Baldridge-Naples, L.L.C. |
|--|---|
| | pility company is: 11825 Manchester Road, St. Louis, MO 63131 . |
| 06/04/01 | L01000008927 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the Florida Department of State: | ne registered office address as shown on the records of the |
| Kelly Price | |
| | Name |
| 27200 Riverview | w Center Blvd., Ste.309 |
| | Address |
| Bonita Springs, FL 34134 | |
| | City, State and Zip |
| 6. The name and address of the new regis | Name w Center Blvd., Ste.309 Address FL 34134 City, State and Zip stered agent and/or office: |
| NRAI Services, | Inc. |
| 2731 Executive | Name Park Drive, Suite 4 |
| Florida street | address (P.O. Box NOT acceptable) |
| Weston | FL 33331 |
| | City, State and Zip |
| confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed the members of the limited liability comp the bornating agreement of the limited liability comp (Signature of a member or authorized representative or Pented or typed name of signee) | · |
| (Signature of Registered Agent) Sean L. Emerick, Asst. Secretary | tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in speing filed to merely reflect a change in the registered office I liability company has been notified in writing of this change. |

FILING FEE: \$25.00

INHS18(10/99)

. (5

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. The name of the | limited liability company is: | Baldridge-Naples, L.L.C. | · | |
|--|---|---|---|--|
| | ress of the limited liability con | | Road, St. Louis, MO 63131 | |
| 06/04/01 | | L01000008927 | | |
| 3. Date of filing/registration in Florida | | 4. Document nun | 4. Document number | |
| 5. The name of the r Florida Departme | registered agent and the registent of State: | ered office address as shown o | on the records of the | |
| | Kelly Price | | | |
| | | Name | 0 | |
| 27200 Riverview Center Blvd., Ste.309 | | ····· | 三番 7 | |
| | | Address | S E . | |
| | Bonita Springs, FL 34134 | | 岩上 | |
| | City, a | tate and Zip | | |
| 6. The name and add | dress of the new registered age | ent and/or office: | <u> </u> | |
| | NRAI Services, Inc. | | O7 JAN -4 AM 9: 56 SECRETARY OF STATE TALLAHASSEE. FLORID | |
| | | ame | SH O | |
| | 2731 Executive Park Drive | | | |
| | Florida street address | (P.O. Box NOT acceptable) | | |
| | Weston | FL 33331 | | |
| | City, Sta | ite and Zip | | |
| confirmed that after and the business offiliability company, it the members of the the operating agreen (Signature of a member of Repneth R. Bald | y company is not organized up the change or changes are mad- ice of the registered agent will is hereby confirmed that the c imited liability company or as pent of the limited liability cor- authorized representative of a member) | de, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized otherwise provided in the art appany. | of the registered office of a Florida limited I by an affirmative vote of | |
| (Plined or typed name of I hereby accept the comply with the proyand I am familiar with Chapter 608, F.S. Caddress, I hereby co. NRAI Services, Inc. | signee) appointment as registered age visions of all statutes relative than accept the obligations ir, if this document is being file of that the limited liability | nt and agree to act in this cap to the proper and complete pe of my position as registered ed to merely reflect a change company has been notified in | pacity. I further agree to erformance of my duties, egent as provided for in in the registered office writing of this change. | |

(Signature of Registered Agent)

Sean L. Emerick, Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)