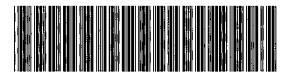
L03000018114

(Re	equestor's Name)	
(Ac	ldress)		
(Ac	dress)		
(Ci	ty/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness/Ēntity Na	ime)	
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer:			
		,	
		•	

Office Use Only



700139411857

01/05/09--01031--004 **25.00



J. BRYAN

JAN - 6 2009

EXAMINER



Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

December 30, 2008

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Shade Properties, L.L.C.

O9 JAN -5 AM 8: N

To Whom It May Concern:

This provides you with information on behalf of **Shade Properties, L.L.C.** to record a change of registered agent. As their Agent, Regulatory Counsel Group, Inc. has enclosed the following:

- 1. A check in the a mount of \$25.00 (filing fee)
- 2. One (1) original Statement of Change Documents (signed)
- 3. A self-addressed, stamped envelope to send approval back to my attention.

Please send all correspondence to:

Regulatory Counsel Group, Inc.

800 Abbey Court

Alpharetta, GA 30004

Thank you for your cooperation. If you have any questions, please contact me via phone at (770) 992-7779, via email at <u>llesser@rcgteam.com</u> or via fax at (770) 992-0779.

Lisa A. Lesser

Account Executive

Enclosures 100

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shade Properties, L.L.C. (Name o	f Limited Liability Company)	₽
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
- .		
Lisa Lesser Account Executive		~ 3
(Name of Person)		SECRETARY OF STATE
Regulatory Counsel Group, Inc.		15
(Firm/Company)		900
		ST OF
		• • • • • • • • • • • • • • • • • • •
800 Abbey Court		
(Address)		
984		
Alpharetta, GA 30004		
(City/State and Zip Code)		
, -		
For further information concerning this matter	r, please call:	
Lisa Lesser	at (770) 992-7779	
(Name of Person)	(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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g 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 Floridă. 1. Name of the limited liability company: Shade Properties, L.L.C. ÷ 2. (a) Principal office address of limited liability company: 4441 S. Tamiami Trail, Ste. B (Note: MUST BE STREET ADDRESS) Sarasota, FL 34231 (b) Mailing address of limited liability company: PO Box 409 Englewood, FL 34295 (Note: MAY BE POST OFFICE BOX) 05/20/2003 L03000018114 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: C T Corporation System Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324 (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: NRAI Services, Inc. **NEW** Registered Office Address: 2731 Executive Park Drive, Suite 4 (MUST BE FLORIDA STREET ADDRESS) Weston FL 33331 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Edward L. Terry, Manager (Printed or typed name of signee)

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 familiar 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 liability company has been notified in writing of this change.

(Signature of Registered Agent)

Scott Scher, Assistant Secretary