## L0400000068/8

(Re	equestor's Name)	,		
(Ad	ldress)			
· (Ad	ldress)			
(6)	ty/State/Zip/Phon	- <del>- 4</del> 0		
(CII	ty/State/Zip/Phon	<del>e #)</del>		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

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**EXAMINER** 



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SEURETARY OF STATE ALLAHASSEE: FLORIDA

## **COVER LETTER**

Division of Corpor	ations				
SUBJECT:	NJR R	esort M	Manag	gement, L	LC
	Name of I	_imited	Liabili	ty Company	
Dear Sir or Madam:					
The enclosed Registered A	Agent/Registered (	Office C	hange a	and fee(s) are	submitted for filing.
Please return all correspon	dence concerning	this ma	tter to t	the following	:
	alie Gomez e of Person			_	
	Management, Ll /Company	_Ç	- · · · · · · -	_	20181 SLG TALL
	iew Blvd, Suite 8	73		_	2010 NOV 23 AM II: 24 SLORI IAKT OF STATE PALLAHASSEE FLORIDA
	iter, FL 33767 e and Zip Code			_	LORIDA
natalie@nj E-mail address: (to be used	development.co	m notification	···	-	
For further information co	ncerning this matt	er, pleas	se call:		
Natalie Go		_ at (	727	) Area Code & Day	373-4255 time Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	tions ter Circle		Regi Divi P.O.	ILING ADDI stration Sectionsion of Corpo Box 6327 ahassee, Florid	on rations
Enclosed is a che	ck for the following	ng amoi	unt:		
\$25 Filing Fee			\$55	5 Filing Fee	& Certified Copy

**TO:** Registration Section

## 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.

Name of the limited liability company:	NJR Resort Management, LLC
2. (a) Principal office address of limited liability cor	mpany: NJR Resort Management, LLC
(Note: MUST BE STREET ADDRESS)	101 F Kennedy Blvd, Suite 2125 Tampa, FL 33602
(b) Mailing address of limited liability company:	NJR Resort Management, LLC
( <u>Note: MAY BE POST OFFICE BOX</u> )	101 E Kennedy Blvd, Suite 2125 Tampa, FL 33602
January 26, 2004	L0400006818
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept of state:
Registered Agent:	Jan Whitis
Registered Office Address:	101 E Kennedy Blvd, Stree 2125 Tampa, FL 33602  → 171
(b) Enter name of <u>NEW Registered Agent</u> and/o	r <u>NEW Registered Office address</u> :  Christopher Bastas
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NJR Resort Management, LLC 301 S. Gulfview Blvd, Suite 873 Clearwater ,FL 33767
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability cor Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Neil Rauenhorst	
Printed or typed name of signce	<del></del>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address I hereby confirm that the limited liability confirm that the limited liability confirms	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
Signature of Registered Agent	

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